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Patricia R. Underwood, R.N., D.N.Sc.
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Naomi T. Gray, M.S.W., A.C.S.W.
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Pierre R. Ludington
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Rosabelle Tobriner
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health
101 Grove Street
San Francisco, California 94102

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

Tel.: (415) 554-2666

AGENDA
HEALTH COMMISSION

Tuesday, January 8, 1991
2:00 p.m.
at
101 Grove Street, Room 300
San Francisco, California 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF DECEMBER 18, 1990

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Richard Sanchez, M.D., M.P.H.)

(3.1) Continuance of reconsideration of the early intervention center portion of the $2.35 million supplemental appropriation for AIDS service from a special AIDS reserve created by action of the Board of Supervisors.

(3.2) SFGH - Administration - Request to accept and expend an augmentation to a grant from the State of California in the amount of $380,800 to provide for the relocation of the Nuclear Medicine Laboratory at San Francisco General Hospital for the period of December 1, 1990 through December 31, 1991.

(3.3) SFGH - Finance - Renewal contract with University of California, San Francisco Medical Center, in the amount of $720,000, to provide tertiary care services for the period of July 1, 1990 through June 30, 1991.

(3.4) CPHS - Family Health - Request to accept and expend a new allocation from the State Department of Health Services, Maternal and Child Health Branch, in the amount of $214,284 to provide services to improve Black infant health for the period of January 1, 1991 through June 30, 1993.

(3.5) CPHS - Homeless - MIA - Renewal contract with Central City Hospitality House in the amount of $501,634, to run the Tenderloin Self-Help Center, an informal drop-in center that provides peer-oriented counseling, self help group training, advocacy and socialization programs for the period of July 1, 1990 through June 30, 1991.

(3.6) CPHS - MIA - Ordinance to add Section 19A.25 to the S.F. Administrative Code permitting the Department of Public Health to enter into agreements with the San Francisco Community Clinic Consortium enabling the Department of Public Health to participate in health care and health care provider services; this calendar year agreement in the amount of $581,424 with the Department of Public Health, requires contributing matching funds of $193,808 for the period of January 1, 1990, through December 31, 1990.

(3.7) CO - Toxics Health & Safety Services - Renewal contract with University of California Poison Control Center/Toxic Information Center in the amount of $73,053 per year, to provide special hazardous materials information for the period of July 1, 1990 through June 30, 1994.

(3.8) CO - AIDS - Request to accept and expend an augmentation to a grant from the Department of Health Services, Office of AIDS, in the amount of $54,988, to provide for the AIDS Pilot Care project component of the 1990-91 Master Grant Agreement for the period of July 1, 1990, through June 30, 1991.

(3.9) CO - AIDS - New contract with the County of Marin, Department of Human and Health Services, in the amount of $66,430, to provide AIDS services to residents of Marin County for the period of February 4, 1991 through September 30, 1991.

(3.10) DMSF - CSAS - Request to accept and expend a continuation augmentation to a grant from the State of California, Department of Alcohol and Drug Programs, in the amount of $3,339,619, and eleven sole source requests with the following: 1) Asian American Recovery Services, Inc., 2) Baker Places, Inc., 3) Bay Area Addiction Research and Treatment (BAART), Inc., 4) Bayview Hunter's Point Foundation for Community Improvement, 5) Chemical Awareness & Treatment Services, Inc., 6) Haight Ashbury Free Clinics, Inc., 7) Liberation House, Inc., 8) Regents of the University of California - PACE 9) Walden House, 10) Westside Community Mental Health Center, Inc., 11) Women's Institute for Mental Health, Inc., to reduce the client waiting period for substance abuse services for the period of January 31, 1991 through June 30, 1991.

(3.11) DMSF - CSAS - Renewal contract with Westside Community Mental Health Center, Inc., in the amount of $1,747,582/1st year to provide outpatient substance abuse counseling, prevention, methadone maintenance, and drug detoxification services for the period of July 1, 1990, through June 30, 1992.

(3.12) DMSF - CSAS - First modification to the contract with Women's Institute for Mental Health, Inc., in the amount of $146,632 to enhance outpatient substance abuse treatment services to women for the period of October 1, 1990, through June 30, 1991.

(3.13) DMSF - CMHS - Child & Family - Renewal contract with University of California Center on Deafness in the amount of $344,615 to provide outpatient and outreach services to deaf individuals and their families for the period of July 1, 1990, through June 30, 1991.

(3.14) DMSF - CMHS - Adult Community - First modification to the contract with Bayview Hunter's Point Foundation (FEMA) in the amount of $34,301 to provide outreach and crisis counseling for the period of February 15, 1990, through February 14, 1991.

(3.15) Reconsideration of a request for supplemental appropriation in the amount of $20,000 to fund services targeted to Chronic Fatigue Syndrome. These funds have been placed on reserve by action of the Board of Supervisors.

4) DIRECTOR'S REPORT (Raymond J. Baxter, Ph.D.)

5) CONSIDERATION OF A RECOMMENDATION TO THE CIVIL SERVICE COMMISSION REGARDING PHYSICIAN CLASSIFICATION

6) CONSIDERATION OF THE FORENSIC SERVICES LONG-TERM HEALTH PLAN

7) OTHER BUSINESS/PUBLIC COMMENTS

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CITY AND COUNTY OF SAN FRANCISCO
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MINUTES OF THE HEALTH COMMISSION MEETING TUESDAY, JANUARY 8, 1991 2:00 P.M. 101 Grove Street, Room 300 San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 2:05 p.m.

Present:

Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Rosabelle Tobriner
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

President Chow welcomed the new Health Commissioner, Pierre R. Ludington. Commissioner Ludington is Executive Director of the American Association of Physicians for Human Rights and Co-Chair of the Mayor's HIV Planning Council. He founded "Positives Being Positive," a peer support group for HIV-infected people and was a member of the Community Task Force of the 6th International AIDS Conference.

In behalf of Mayor Art Agnos, President Chow presented Commissioner Rosabelle Tobriner a proclamation from the Mayor in appreciation for her valuable service on the Commission from its beginning on January 15, 1985 through January 15, 1991.

In behalf of the Commission, President Chow presented a plaque to Commissioner Tobriner in appreciation for her work and contributions to the Commission.

2) **APPROVAL OF MINUTES OF DECEMBER 18, 1990**

Action Taken: The Commission adopted the minutes of December 18, 1990.

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Richard Sanchez, M.D., M.P.H.)

(3.1) Continuance of consideration of the early intervention center portion ($788,027) of the $2.35 million supplemental appropriation for AIDS service from a special AIDS reserve created by action of the Board of Supervisors; and another supplemental request of $675,404 for prevention services and $771,008 for health care and support services. The grand total supplemental request for FY 1990-91 is $3,016,979.

(3.2) SFGH - Administration - Request to accept and expend an augmentation to a grant from the State of California in the amount of $380,800 to provide for the relocation of the Nuclear Medicine Laboratory at San Francisco General Hospital for the period of December 1, 1990 through December 31, 1991.

This item was postponed by the Department.

(3.3) SFGH - Finance - Renewal contract with University of California, San Francisco Medical Center, in the amount of $720,000, to provide tertiary care services for the period of July 1, 1990 through June 30, 1991.

(3.4) CPHS - Family Health - Request to accept and expend a new allocation from the State Department of Health Services, Maternal and Child Health Branch, in the amount of $214,284 to provide services to improve Black infant health for the period of January 1, 1991 through June 30, 1993.

(3.5) CPHS - Homeless - MIA - Renewal contract with Central City Hospitality House in the amount of $501,634, to run the Tenderloin Self-Help Center, an informal drop-in center that provides peer-oriented counseling, self help group training, advocacy and socialization programs for the period of July 1, 1990 through June 30, 1991.

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(3.13) DMSF - CMHS - Child & Family - Renewal contract with University of California Center on Deafness in the amount of $344,615 to provide outpatient and outreach services to deaf individuals and their families for the period of July 1, 1990, through June 30, 1991.

This item will be deferred to the next Budget Committee meeting for more information, (i.e., other potential Counties' or UC's contributions; relationship to baseline budget).

(3.14) DMSF - CMHS - Adult Community - First modification to the contract with Bayview Hunter's Point Foundation from FEMA in the amount of $34,301 to provide outreach and crisis counseling for the period of February 15, 1990, through February 14, 1991.

(3.15) Reconsideration of a request for supplemental appropriation in the amount of $20,000 to fund services targeted to Chronic Fatigue Syndrome. These funds have been placed on reserve by action of the Board of Supervisors.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for items #3.2 and #3.13.

Commissioner Gray made her personal comments on the role and authority of the Health Commission. She was dismayed by the comments in the press by some members/representatives of the Board of Supervisors attacking the Health Commission's role in policy-setting. Her

understanding of the City Charter indicates that the Health Commission sets policy for the Department of Public Health. Before she begins spending her time on the painful budget process, she wants a clear understanding of the Commission's authority.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.

BUDGET OFFICE

- Budget Process Update: The first meeting of the Ad Hoc Budget Advisory Committee will be held on Wednesday evening, January 9. Dr. Dick Fine has agreed to chair the Committee. Members of the Committee were selected to represent the Department's broad and diverse constituencies.

  DPH divisions are developing budget reduction options that should be completed by the end of the week for consideration by the Departmental Budget Committee. Reduction options will be presented to the Ad Hoc Budget Advisory Committee at a subsequent meeting.

  On January 22, an update on the DPH budget process, including budget priorities, will be presented to the Health Commission. On January 29, the Department's FY 91-92 baseline budget is scheduled for hearing at a special meeting in the Board of Supervisor's chambers.

  The Department is beginning discussions with the California Medical Assistance Commission (CMAC) to renegotiate San Francisco General Hospital's Medi-Cal contract based on actual service costs for special populations served by the hospital and other "market" considerations.

  In addition, a supplemental request is before you today for emergency adoption to provide $4 million to implement the provisions of SB 1255, the Disproportionate Share and Emergency Services Fund. SB 1255 provides additional funds by using local voluntary donations as a match to draw down additional federal dollars through the Medi-Cal program for disproportionate share hospitals such as San Francisco General Hospital.

AIDS OFFICE

- C.A.R.E. Act Implementation: the Mayor's HIV Planning Council has made the following decisions regarding available funding dollars:

  1) C.A.R.E. monies should be targeted first for low-income, an/or uninsured, and/or underinsured persons; those that can pay, should pay;

  2) priority for C.A.R.E. funded services is to be given to HIV infected individuals regardless of where they fall in the spectrum of their disease;

3) within the target populations identified, special emphasis should be placed on the previously neglected and/or unrepresented populations;

4) C.A.R.E. monies should be targeted to those who can no longer provide care for themselves, and have no other alternatives;

5) the Council adopted the following Mission Statement to guide decision-making regarding allocations to Primary Health Services: All HIV infected individuals will have access to client-centered, community-based, primary health care services that are culturally sensitive, confidential and allow empowerment to optimize the quality of their life.

6) Eligibility for C.A.R.E. funding is contingent upon participation in the development and implementation of a systematized financial, health and social/cultural assessment system that is either administered by the agency requesting funding or is accessed by them.

SAN FRANCISCO GENERAL HOSPITAL

- Trauma Services: SFGH's Trauma Services will be the focus of a 15 minute segment on Rescue 911 to be aired in late February or early March. The T.V. production company worked with the Paramedic Division and the hospital for a four day "ride-along" to highlight the spectrum of emergencies treated on a busy New Year's Eve weekend. The major emphasis of Rescue 911 is to increase public awareness of the various emergency services available.

COMMUNITY PUBLIC HEALTH SERVICES

- Tobacco Advertising: It has come to the attention of the Department that the Public Utilities Commission will be reviewing proposals for advertising, including tobacco advertisements, on Muni vehicles and transit shelters at their next meeting.

  I will be sending a memorandum to Thomas Elzey, General Manager of the Public Utilities Commission informing him that AB 75 gave responsibility to the local health department to implement a comprehensive tobacco control program to curtail tobacco use. I will urge him to recommend a policy prohibiting tobacco advertising. A position paper from the Health Department's Tobacco Control Program will be provided along with a state data regarding the effects of advertising, particularly on youngsters.

- Interpreter/Bilingual Services: The State has awarded a grant of $56,000 to provide outreach services to the City's approximately 15,000 lawful temporary residents. This grant will be administered by the Health Promotion and Education Office to provide interpreter/bilingual services to a target population that is predominately Spanish speaking with smaller numbers of Chinese, Koreans, Filipinos and other population groups.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- San Diego Suit Update: Stewart Foreman, San Francisco's legal representative at the San Diego trial, has informed the Department that a tentative ruling for the statutory hearing phase by Judge Gamer is expected to be very unfavorable for San Francisco and other intervening counties. The judge has determined that the State Department of Mental Health has violated the statutory mandates of the Welfare and Institutions Code relating to equity allocation of mental health resources.

  The judge also ruled that the State may reallocate state hospital bed days without violating the statute that prohibits reduction from the current base. This means the State Department of Mental Health could begin to reallocate the beds during this fiscal year. Dr. True will be meeting with our attorney and other affected counties to plan strategies to prevent such action.

  The second phase of the trial, beginning on January 28, will deal with the constitutional issue of equal access on any allocation which does not conform to the equity formula.

TOXICS, HEALTH, AND SAFETY SERVICES

- Hazardous Waste Minimization Ordinance: Supervisor Willie Kennedy is sponsoring legislation which will amend the San Francisco Health Code Article 21 Hazardous Materials Permit and Disclosure Ordinance. The proposed amendment will require every person who is required to obtain a hazardous materials storage permit to submit a plan for hazardous waste minimization. Staff costs required for the review of the plans will be recovered from the applicant at the rate of $75 an hour.

- VDT Law Implementation: Enforcement of the VDT law will be the responsibility of the Department of Public Health which will also consider requests by employers for exemptions or waivers to the regulations. The amendments will phase in implementation beginning one year from the effective date of the new law with full compliance in four years. A seven member advisory committee will be established to review new safety and health VDT studies with DPH as an ex-officio member and secretary to the advisory group. DPH costs of implementing this law will be determined within the next 3 months.

DECEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to 12/31/90)

Total San Francisco cases:	9,742
Total San Francisco deaths:	6,654
Total S.F. cases for November:	138
Total S.F. deaths for November:	119

- Laguna Honda Hospital

Average Daily Census:	1,088
Acute Med/Surg:	4
Acute Rehab:	6
Secured Wards:	67
Clarendon Hall:	167
AIDS SNF:	12

- Mental Health

SFGH/Acute Psychiatric Beds:	74
(22 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	2

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
H.C. #1	1,982	1,038	3,020
H.C. #2	483	249	732
H.C. #3	1,050	541	1,591
H.C. #4	854	826	1,680
H.C. #5	1,309	400	1,709
PHHC	531	664	1,195
SEHC	320	797	1,117
TWC	N/A	3,426	3,426
TOTAL	6,529	7,941	14,470

Disease Control Visits:

STD Clinic	2,045 patients
TB Clinic	2,392 patients

San Francisco General Hospital Statistics will be reported at the next regular meeting of the Health Commission.

5) **CONSIDERATION OF A RECOMMENDATION TO THE CIVIL SERVICE COMMISSION REGARDING PHYSICIAN CLASSIFICATION**

Dr. Baxter emphasized to the Commission that the Department is not presently proposing expenditures on this subject but is requesting support for the concept of revised class descriptions and flexible staffing arrangements.

Dr. Mary Anne Johnson provided information on the work of the Department of Public Health Task Force on Physician Hiring and Compensation. The Task Force, co-Chaired by Dr. Johnson and Ed Gazzano of Personnel, has been meeting to discuss the problems of recruiting and retention of physicians within the Department. Dr. Johnson presented the following:

1. The salary data gathered for the determination of the benchmark classification for the 2230 Physician Specialist is predominantly from the U.S. Government and may not be valid to use in determining public health department jobs.

2. There is little opportunity for promotion of 2230 Physician Specialists within the Department of Public Health. In addition, because of the lack of a range of positions and salaries, newly recruited physicians are often paid at the same rate as physicians who have been in the system for 10 or 15 years.

3. Recruitment and retention problems have been significant at all Department of Public Health sites which hire physicians. Turnover annually has ranged from 31% at Laguna Honda to over 70% at the county jails. Vacancies in all Department of Public Health sites have gone unfilled for long periods of time, with recruitment taking an average of six to eight months.

4. The impacts of the vacancies within the Health Department are that patient care suffers, workload for existing physicians increases, morale is threatened, and turnover is significant.

The Task Force is addressing these issues in the following ways:

1. The Civil Salary Standardization Process: through meetings with Civil Service staff, the Task Force has requested that the salary data gathered to determine the salary for the 2230 Physician Specialist be re-evaluated and that sources other than the U.S. Government, including some private source data, be included.

2. Promotion Opportunities: the Task Force recommended that physicians newly hired without extensive post-residency experience would be hired at a 2230 Physician Specialist level. After achieving enough experience in the field, physicians would be eligible, if their performance is satisfactory, for promotion to a journey level 2232 Senior Physician Specialist.

3. Internal Adjustment of 2232: the Task Force has asked the Civil Service Commission, based on the data collected regarding recruitment and retention, to do an internal adjustment of the 2232 Senior Physician Specialist class. This adjustment would allow for a wider range of salaries within the 2232 classification and provide an opportunity for physicians to achieve a higher salary level.

4. Amendment of Physician Classifications: the Task Force has, in conjunction with the Decentralized Civil Service Classification Unit, revised the physician classification specifications to better reflect the actual job duties.

Action Taken: The Commission adopted Resolution 1-91, (Attachment A).

The other two recommendations of the Task Force, that is, the internal adjustment for the 2232 Senior Physician Specialist class and the re-evaluation of the 2230 benchmark salary data, are being pursued through the appropriate Civil Service mechanisms.

Dr. Johnson emphasized that the Task Force recommendations apply only to those physician positions which are paid solely by the City and County of San Francisco.

6) **CONSIDERATION OF THE FORENSIC SERVICES LONG-TERM HEALTH PLAN**

Dr. Tom Peters, Director of Forensic Services, presented a Forensic Services Long-Term Health Plan prior to submission to the Federal Court as required by an Order of the Court in the Stone v. City and County of San Francisco (Consent Decree). This plan is in anticipation of the construction of a new 300-bed Sheriff's Facility which would provide new centralized medical and psychiatric treatment sites. The new facility is projected to be completed in March, 1993.

Action Taken: The Commission adopted Resolution 2-91 (Attachment B).

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Other Business

Dr. Baxter requested the Commission to consider a supplemental appropriation as an emergency item due to the need to meet a deadline date of January 25, 1991 and since the next Commission meeting is January 22, 1991.

Action Taken: The Commission decided to consider this supplemental appropriation today.

The Commission approved a supplemental appropriation request from the Department of Public Health/Central Office in the amount of $4,000,000. This request appropriates funds from the general fund to be contributed to the SB 1255 fund, which establishes the Disproportionate Share and Emergency Services Fund. San Francisco General Hospital is a recognized disproportionate share hospital eligible to participate in the distribution of funds. The SB 1255 funds disproportionate share hospitals to maintain or enhance access for Medi-Cal beneficiaries.

Public Comments

Public Speakers: John O'Brien
Leland Francois, United Nations Association

The meeting was adjourned at 3:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments A and B

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-91

RESOLUTION REGARDING RECOMMENDATIONS
OF THE DEPARTMENT OF PUBLIC HEALTH TASK FORCE
ON PHYSICIAN HIRING AND COMPENSATION

WHEREAS, a Department of Public Health Task Force has determined that there are significant problems with recruiting and retention of qualified physicians within the Health Department; and,

WHEREAS, the Task Force has determined that major issues in recruiting and retention are civil service salaries, which are non-competitive; and the lack of promotive opportunities; and,

WHEREAS, the Health Commission has reviewed the recommendations of the Task Force which have been developed in cooperation with the Department's Decentralized Classification Unit and summarized in a staff report from the Decentralized Unit. These recommendations include:

1. Revised class descriptions for the various physician classifications; and

2. A flexible staffing arrangement so that physicians can be employed at an entry level class 2230 Physician Specialist and promote after gaining required experience to the journey-level 2232 Senior Physician Specialist;

therefore, let it be

RESOLVED, that the Health Commission endorses the Task Force recommendations; and be it

FURTHER RESOLVED, that a copy of this Health Commission resolution be forwarded to the Civil Service Commission.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, January 8, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT A

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-91

APPROVING LONG-TERM PLAN
FOR JAIL MEDICAL AND PSYCHIATRIC SERVICES

WHEREAS, it is the responsibility of the Department of Public Health, through its Division of Forensic Services, to provide appropriate health care to county jail prisoners; and,

WHEREAS, health services at San Francisco County Jail #1 are the subject of the Consent Decree in the case of Stone v. City and County of San Francisco, et al, No. C-78-2774 WHO, in the United States District Court for Northern District of California; and,

WHEREAS, on May 13, 1988, the Federal Court in the Stone case ordered that before the termination of the health portion of the Consent Decree, the City must negotiate with the Plaintiffs and submit to the Court a long-term plan for the continued provision of medical and mental health care at County Jail #1; and,

WHEREAS, in January 1990, the Board of Supervisors adopted Resolution #96-90 approving the use of State bond monies available under Proposition #52 to build a new Sheriff's facility, next to the Hall of Justice, a major portion of which would consist of new areas for medical and psychiatric clinical care; and,

WHEREAS, the Board of Supervisors resolved that for those prisoners requiring medical and psychiatric services while in jail, an infirmary, sheltered care unit, renovated satellite clinics, and designated general population beds, shall be developed in the jail system; and

WHEREAS, the Division of Forensic Services, in conjunction with the Sheriff's Department and the City Attorney's Office, have now developed, and negotiated with the Plaintiffs in the Stone case, a draft long-term medical and psychiatric plan; and,

WHEREAS, this medical and psychiatric plan is designed to be a program description specifying the type and configuration of health care services to be provided at the Hall of Justice complex once the new Sheriff's facility is constructed; and,

WHEREAS, the draft long-term medical and psychiatric plan is consistent with the guiding principles approved by the Commission and the Board of Supervisors, and with applicable regulatory and professional standards; now therefore, be it

RESOLVED, that the Health Commission hereby approves the draft long-term jail medical and psychiatric plan, and forwards it to the City Attorney for review by the Board of Supervisors and submission to the Federal Court.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, January 8, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT B

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

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101 Grove Street, Room 300
San Francisco, California 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF JANUARY 8, 1991**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Richard Sanchez, M.D., M.P.H.)

(3.1) Reconsideration of a supplemental appropriation totaling $175,011 in the amounts of $31,834 for DMSF, $53,177 for Central Office/CPHS, and $90,000 for SFGH to adjust travel, training, and membership accounts previously reduced by the Board of Supervisors.

(3.2) Consideration of acceptance of a gift of $307,753.70 in cash from the estate of Anna A. Seebe to Laguna Honda Hospital for patient services.

(3.3) Consideration of a supplemental appropriation to pay for shuttle van services at SFGH.

(3.4) Consideration of a surplus revenue transfer to augment by $20,000 Aquarius, Inc. for financial/MIS services.

(3.5) Reconsideration of a renewal contract with the University of California Center on Deafness in the amount of $344,615 to provide outpatient and outreach services to deaf individuals and their families for the period of July 1, 1990 through June 30, 1991.

(3.6) CPHS - Family Health/CCS - Request to accept and expend a continuation allocation from the State Department of Health Services, California Children Services Branch in the amount of $100,000, to provide HIV screening, diagnosis and follow-up services for children for the period of July 1, 1990 through June 30, 1991.

(3.7) CPHS - Homeless - Request to accept and expend a continuation grant from Comic Relief, Inc. in the amount of $212,034, to provide continuation of medical and social services to the homeless for the period of January 1, 1991 through June 30, 1992.

(3.8) SFGH - Administration - New contract with National Public Health and Hospital Institute in the amount not to exceed $200,000 to provide consulting services for the renegotiation of the Affiliation Agreement with the University of California, S.F. for the period of July 1, 1990 through June 30, 1991.

(3.9) DMSF-CMHS - Child and Family, Geriatrics and Adult Community - Renewal contract with Northern California Ambulatory Health Services (Children's Hospital, San Francisco) in the amount of $2,608,718, to provide partial day, outpatient/outreach, case management, and 24-Hour Residential services for the period of July 1, 1990 through June 30, 1991.

(3.10) CO - AIDS - Renewal contract with the Shanti Project in the amount of $586,003, to provide emotional and practical support, housing and counseling to persons with AIDS or severe ARC for the period of January 1, 1991 through June 30, 1991.

(3.11) CO -AIDS - Renewal contract with PPMC-Visiting Nurses and Hospice in the amount of $1,591,527, to provide home healthcare and hospice services to persons with AIDS for the period of July 1, 1990 through September 30, 1991.

4) **DIRECTOR'S REPORT (Raymond J. Baxter, Ph.D.)**

5) **ELECTION OF 1991 HEALTH COMMISSION PRESIDENT AND VICE-PRESIDENT**

6) **UPDATE ON THE DPH BUDGET PROCESS AND BUDGET PRIORITIES FOR FY 1991-92**

7) **CONSIDERATION OF A SAN FRANCISCO GENERAL HOSPITAL PARKING POLICY**

8) **PROGRESS REPORT ON TASK FORCE RECOMMENDATIONS REGARDING COMPLEX MEDICAL/PSYCHIATRIC PATIENTS WITHIN DPH**

9) **CONSIDERATION OF A POLICY REGARDING LEGISLATION ENACTING MEDICAL WASTE MANAGEMENT ACT**

10) **OTHER BUSINESS/PUBLIC COMMENTS**

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1/22/91

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Pierre R. Ludington
Commissioner

Paul Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health
101 Grove Street
San Francisco, California 94102

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING TUESDAY, JANUARY 22, 1991 2:00 P.M. 101 Grove Street, Room 300 San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 2:05 p.m.

Present:

Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) APPROVAL OF MINUTES OF JANUARY 8, 1991

Action Taken: The Commission adopted the minutes of January 8, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Richard Sanchez, M.D., M.P.H.)

(3.1) Reconsideration of a supplemental appropriation totaling $175,011 in the amounts of $31,834 for DMSF, $53,177 for Central Office/CPHS, and $90,000 for SFGH to adjust travel, training, and membership accounts previously reduced by the Board of Supervisors.

This item was postponed.

(3.2) Consideration of acceptance of a gift of $307,753.70 in cash from the estate of Anna A. Seebe to Laguna Honda Hospital for patient services.

(3.3) Consideration of a supplemental appropriation to pay for shuttle van services at SFGH.

(3.4) Consideration of a surplus revenue transfer to augment by $20,000 Aquarius, Inc. for financial/MIS services.

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This item was postponed.

(3.6) CPHS - Family Health/CCS - Request to accept and expend a continuation allocation from the State Department of Health Services, California Children Services Branch in the amount of $100,000, to provide HIV screening, diagnosis and follow-up services for children for the period of July 1, 1990 through June 30, 1991.

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This item was postponed.

(3.9) DMSF-CMHS - Child and Family, Geriatrics and Adult Community - Renewal contract with Northern California Ambulatory Health Services (Children's Hospital, San Francisco) in the amount of $2,608,718, to provide partial day, outpatient/outreach, case management, and 24-Hour Residential services for the period of July 1, 1990 through June 30, 1991.

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(3.11) CO -AIDS - Renewal contract with PPMC-Visiting Nurses and Hospice in the amount of $1,591,527, to provide home healthcare and hospice services to persons with AIDS for the period of July 1, 1990 through September 30, 1991.

This item was postponed.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for items #3.2, #3.5, #3.8 and #3.11.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

STATE BUDGET

- Governor's Proposed 1991-92 Budget: Governor Wilson's recently released State Budget for FY 1991-92 proposes a series of strategies to bridge the projected $7 billion deficit. It should be noted that the budget projections are based on the assumption that the United States would not engage in a war in the Persian Gulf, and that the recession will be moderate and will continue until next spring.

  Most significant to public health is the administration's proposal to transfer responsibility for local mental health and the AB 8 public health program. The proposal shifts responsibility for $942 million worth of mental health and public health programs from the state to the counties, along with $970 million in new alcohol tax and vehicle license fee revenues. Counties must determine whether the programs being shifted are appropriate and the resources adequate and stable.

PERSIAN GULF CRISIS

- Operation Desert Storm: A total of nine DPH employees have been called to military duty for the Persian Gulf conflict: SFGH - 2 physicians, 3 nurses; CPHS - 2 nurses; Forensic Service - 1 nurse; AIDS Office - 1 nurse. The Mayor's Office has established a Hotline to assist families with information about employee benefits.

  There have been reports of possible shortages of blood supplies and immune globulin because of military needs in the Persian Gulf. SFGH reports an adequate supply of both blood and immune globulin at this time. CPHS also has an adequate supply of immune globulin to prevent the transmission of hepatitis A for now.

  Westbay Hospital Conference has been working with the Veterans Administration Hospitals to survey community and public hospitals for bed availability. The VA hospitals will be the primary backup for the military and locally, they believe their capacity can handle significant numbers. In the Bay Area, the primary receiving centers will be the VA Medical Centers in San Francisco and Martinez.

- During the past week when large scale arrests were made there was concern about the impact on Jail Medical Services. Fortunately, most of the arrestees were cited out. Our staff was involved in providing brief medical screenings before they were released. We anticipate a modest increase in staff hours and related personnel costs within our current resources.

AIDS OFFICE

- HIV Seroprevalence Survey of Childbearing Women: The State Office of AIDS recently released data from a sample of resident women who gave birth in California to a living child during the third quarter of 1989.

The 1989 Statewide rate of 6.4 per 10,000 mothers is slightly though not significantly, lower than the 1988 rate of 7.4 per 10,000. Rates in San Francisco are among the highest in the State; however, rates are unchanged since 1988 and only four seropositive women were found among 2543 tested in 1989 (15.7 per 10,000 compared with 19.5 per 10,000 seropositive in 1988).

This data suggests that prevention and education activities supported by the Department have been effective in limiting new HIV infection among women of childbearing age. Also, there is city-wide data which suggests slowing of the HIV epidemic among IV drug users and resultant transmission to their partners. This will also result in less new HIV infection among women in San Francisco.

SAN FRANCISCO GENERAL HOSPITAL

- Medi-Cal Long Term Care Study: San Francisco General Hospital and Laguna Honda Hospital are two hospitals in a State Department of Health Services study on long term care for Medi-Cal patients. The study will assess patient's care needs in order to determine the feasibility of creating a new level of care category in Medi-Cal program encompassing the "heavy care" patient. This new category would have a separate reimbursement rate.

- Community Clinic Consortium: The hospital's Executive Staff and the San Francisco Community Clinic Consortium have established a working committee to improve coordination and referrals between the hospital and the community clinics. The Linkage Task Force between SFGH and the Primary Care Network of CPHS is addressing some of the same issues. The short term working agenda for both groups will include the development of orientation materials, identification of the Patient Referral Unit as the contact point, and implementation of specialty referrals guidelines. The Consortium members reported improvements in access to ancillary services and interpreter support within the hospital.

  The Patient Referral Unit has succeeded in transferring requests for new patient hospital-based clinic appointments to the Primary Care Network. This result is a decrease in waiting time from 6 weeks to 2 weeks.

- Medicare Mortality Data: The Medical and Administrative Directors of the SFGH Quality Assurance Program have reviewed the Medicare mortality data for FY 1987, 1988, 1989 provided by HCFA. The observed mortality from all diagnoses and procedure categories improved for FY 1989 compared with 1987 and 1988.

  In the combined diagnostic and procedure categories of Medicare patients in FY 1989, the SFGH mortality was within one standard deviation of the predicted mortality at 30 and 90 days, and slightly higher than one standard deviation of predicted mortality at 180 days. 47% of the Medicare patients were discharged to Laguna Honda Hospital, 35% were discharged home, and 13% were discharged to other facilities.

- Medicaid Program: The new director of the Federal Medicaid program, Christina Nye, will visit SFGH on January 31. She has expressed interest in hearing a public hospital's perspective in assuring access.

LAGUNA HONDA HOSPITAL

- OBRA of 1987 Update: The State Department of Health Services has reluctantly agreed to proceed with OBRA implementation to avoid jeopardizing pending facility certifications that are due this year. DHS has notified HCFA it will soon begin using the OBRA survey form and interpretive guidelines. DHS and HCFA will be meeting to negotiate the details and timeframe for OBRA provisions which must be implemented in California.

  Laguna Honda is watching this situation; as soon as definitive information is distributed by DHS, the hospital will respond accordingly.

  Mr. Wagner reported to you last October that it was quite likely the California request for a waiver would be denied. The hospital has proceeded to identify costs required to implement OBRA in the budget process for FY 91-92.

- Efforts to Mitigate Influenza: As in prior years, Laguna Honda is making an aggressive attempt to reduce morbidity and mortality from the expected influenza epidemic. 800 patients have been immunized and all new admissions are being immunized. Employees are also being encouraged to be immunized.

  Messages have been posted throughout the facility to alert visitors not to visit if they have symptoms of influenza. As soon as influenza is diagnosed, all patients without contraindications will be put on amantadine as an additional prophylactic measure.

- 20/20 RN Training Program: Pauline Perry, a certified nursing assistant at Laguna Honda for the past six years, recently completed the RN program at Community College. Ms. Perry was a participant in the Department's 20/20 program. The hospital currently has 3 other participants in this program.

  The Department's 20/20 Program allows selected employee participants at LHH and SFGH to work 20 hours per week and enroll in the nursing program at Community College or San Francisco State University for 20 hours per week and receive full-time pay.

COMMUNITY PUBLIC HEALTH SERVICES

- Flu Update: Recent newspaper articles have suggested a major flu epidemic is imminent but the flu surveillance system has shown no increases in absenteeism or febrile respiratory illness in pediatric clinics or nursing homes. While both influenza and influenza A have been isolated in San Francisco residents, this is expected each year and is an indication of the presence of the flu virus, not an epidemic. At this time, it isn't possible to predict whether the City will have a major epidemic.

All but 60 doses of the approximately 30,000 doses of vaccine provided by the State have been distributed. Customarily, immunization stops at the end of December since it is far enough into the flu season and little protection would be afforded by the time immunity develops.

- Immunization Program: The CPHS Immunization Program, which is responsible for the distribution and accounting of all vaccines provided by the State through federal funds, reports the State is now supplying measles vaccine to be used for a target group of students starting kindergarten or college. In the past, the State did now provide measles vaccine for second dose immunizations. CPHS will no longer have to purchase second doses which was part of the the major campaign last year to immunize health care workers to control an outbreak of measles. A campaign has also begun to immunize toddlers with measles vaccine.

  Two separate Hemophilus influenzae b vaccines have been licensed for use in infants. This is welcome news since this infection has peak incidence in infants 6-11 months of age and former vaccines were effective only in infants at least 15 months of age. CPHS expects to be able to immunize infants against this infection by March.

  The lack of pneumococcal vaccine due to State distribution problems has been corrected and the vaccine is expected to be available by the middle of this month.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

Drug Treatment Campus Grant: An informational meeting, chaired by Commissioner Naomy Gray, was held on January 17, 1991 in the Bayview Hunters Point Neighborhood to provide an update on the Drug Treatment Campus Grant which the Department of Public Health is in the process of pursuing. Department staff, Ray Baxter, Flo Stroud, Wayne Clerk, and Debbie Alvarez made presentations and had discussions with community representatives.

- Mt. Zion Crisis Clinic Closure: SFGH Psychiatric Emergency Services is preparing to assume responsibility for the care of both involuntary and voluntary acute patients. The staff of Mt. Zion Clinic, SFGH, and Mental Health and Substance Abuse Services are meeting to assure appropriate transition for the remainder of the patients.

  Our plan, which will be finalized based on receipt of more detailed patient information from Mt. Zion staff, is as follows: SFGH Psychiatry Department will expand and restructure its current inpatient and emergency service operation. It will increase staffing to facilitate triaging and management of patients, create a short stay bed capacity, establish a Crisis Resolution team to reduce recidivism and increase patient flow out of both PES and Inpatient unit. The Department will continue to utilize private hospital beds with involuntary detention capacity for overflow beds.

Outpatient clinics will be required to respond to PES within 24 hours of referral and to Inpatient Services within 48 hours. Those requiring crisis residential placement will be referred to acute diversion facilities operated by Progress Foundation. Progress has already begun sending intake workers to PES to help facilitate discharges.

In addition a referral agreement has been established with homeless multi-service center staff to access substance abuse treatment beds. Additional substance abuse residential beds will also be provided by Baker Places. As new beds become operational, priority for placement will be given to PES and SFGH Inpatient Services.

The Department is also exploring the feasibility of establishing an acute involuntary detoxification facility for those who do not require acute psychiatric care, but cannot be accommodated at voluntary detoxification facilities.

The Department will assist Mt. Zion in placing trainees currently working at the crisis clinic to other mental health programs and community hospitals so their professional training work is not disrupted by the closure of Mt. Zion Crisis Clinic.

DECEMBER STATISTICS

- San Francisco General Hospital

Inpatient		
Average Daily Census	(except newborns)	329
Newborn Nursery:		20
Actual Patient Days	(except newborns)	10,206
Newborn Nursery:		603
Admissions	(except newborns)	1,485
Newborn Nursery:		203
Average Length of Stay	(except newborns)	7
Newborn Nursery:		3
Discharge Patient Days	(except newborns)	10,126
Newborn Nursery:		596
Discharges	(except newborns)	1,515
Newborn Nursery:		203
Outpatient Visits		
Primary Clinics		
Family Health:		2,216
General Medicine:		1,666
Pediatric		1,107
Specialty Clinics:		13,940
Emergency Room Visits:		5,543

President Chow thanked his fellow Commissioners for their support and cooperation during his tenure as President. Vice-President Patricia Underwood thanked President Chow for his leadership, especially during the transition time in hiring one new Director of Public Health.

5) **ELECTION OF 1991 HEALTH COMMISSION PRESIDENT AND VICE-PRESIDENT**

Action Taken: The Commission unanimously elected Richard Sanchez as the President.

Action Taken: The Commission unanimously re-elected Patricia Underwood as the Vice President.

President Sanchez announced the following 1991 Committee appointments:

Budget Committee:	Commissioner Paul Rosenstiel, Chair Commissioner Edward A. Chow, M.D. Commissioner Pierre R. Ludington
Joint Conf. Committee on Community Public Health, AIDS and EMS:	Commissioner Naomi Gray, Chair Commissioner Pierre R. Ludington
Joint Conference Committee on LHH:	Commissioner Naomi Gray, Chair
Joint Conference Committee on DMSF:	Commissioner Patricia Underwood, R.N., D.N.Sc., Chair
Joint Conference Committee on SFGH:	Commissioner Edward A. Chow, M.D., Chair Commissioner Paul Rosenstiel

President Sanchez also announced that starting with the February 5, 1991 Health Commission meeting, the meetings will start at 3:00 p.m. The Budget Committee will meet at 2:00 or 2:30 p.m., depending on the number of agenda items on the Budget Committee agenda.

The Commission will hold a public hearing on Tuesday, January 29, 1991 from 2:00 p.m. at the Boad of Supervisors' Chambers on the proposed baseline budget for DPH for FY 1991-92. Public testimony will be heard.

On February 5, 1991, the Commission will vote on the proposed baseline 1991-92 Department of Public Health budget. No public testimony will be heard at this meeting.

6) **UPDATE ON THE DPH BUDGET PROCESS AND BUDGET PRIORITIES FOR FY 1991-92**

Ray Baxter, Ph.D., Director of Public Health, reported that the Department will have an $8.5 million instead of $21 million shortfall from the State. His approach will be to meet the $8.5 million shortfall but also to have contingency plans for further cuts dependent on local and state impacts. He will have a proposed 1991-92 baseline budget proposal by 5:00 p.m. on Friday, January 25. The Commission, the Department of Public Health Budget Advisory Committee, and mandated advisory groups will receive the proposal after 5:00 p.m. Copies will be available to the public after 5:00 p.m. in the Director's Office.

Susan Ehrlich, Department of Public Health Budget Director, cautioned the Commission saying that DPH will be reduced by $8.5 million of City funds but that more reductions may be coming and numbers will be changing.

Ms. Ehrlich presented the following information:

Status of the current year budget.

Total of $3.6 million cuts in DPH for 1990-91:

- $200,000 in Central Office
- $100,000 in Environmental Health
- $250,000 in the AIDS Office
- $725,000 in Community Public Health
- $1.2 million at SFGH
- $400,000 at Laguna Honda Hospital
- $700,000 in Mental Health Administration

For the proposed $8.5 million 1991-92 reductions, the Division targets for reductions are:

- $700,000 - Central Office/CPHS/AIDS
- $300,000 - Laguna Honda Hospital
- $4.8 million - San Francisco General Hospital
- $2.5 million - DMSF

The Guiding Principles for the 1991-92 budget are:

- Examine departmental operations in order to operate in the most efficient and effective manner.
- Generate revenues internally through improved management and externally through advocacy efforts.
- Establish priorities and plan based on community needs.
- Set in place processes for department-wide strategic planning and program evaluation.

Commissioners Sanchez, Underwood and Chow re-emphasized the importance of including cultural competency and the concept of transitioning primary care into the neighborhoods.

Ms. Ehrlich also presented the primary functions and activities of the Department by two distinct categories: those services and activities that the Department is legally mandated to provide and maintain, and those activities which are intrinsic to the mission of the Department but not necessarily mandated.

At the special meeting of the Commission on January 29, 1991, Ms. Ehrlich will present the Department's proposed 1991-92 baseline budget.

7) **CONSIDERATION OF A SAN FRANCISCO GENERAL HOSPITAL PARKING POLICY**

This item was postponed to a future meeting.

8) **PROGRESS REPORT ON TASK FORCE RECOMMENDATIONS REGARDING COMPLEX MEDICAL/PSYCHIATRIC PATIENTS WITHIN DPH**

Dr. Mary Anne Johnson, Chair of the Complex Medical-Psychiatric Patient Steering Committee, reported the following progress:

1. The role of a DPH central office mediator has been defined. Dr. Sam Ho will serve in this role and the mechanisms for referral of difficult placement cases have been outlined.

2. The need for probate conservatorship to help make medical and placement decisions for medically complex patients such as those with AIDS dementia, Alzheimer's disease and other conditions has been better defined. The Committee has estimated that there are at least 250 patients in the Public Health Department system in need of probate conservatorship. The mechanism for how best to meet this need is being explored and several innovative ideas are being developed.

3. In terms of specific programs being developed to care for the complex medical-psychiatric patient, the following actions ae occurring:

   (a) Laguna Honda Hospital has developed a proposal for an expanded geropsychiatric treatment team rather than a proposal for a geographically separate geropsychiatric unit. The reasons include:

      i. ability to serve a larger number of patients, both geropsych and head trauma.

      ii. education of all staff will occur as part of the team's activities.

      iii. there will be no capital costs (estimated $2M for capital costs to open a Geropsych Unit).

      This proposal will be discussed as part of the overall Department of Public Health budget process since it does involve costs for increased numbers of personnel.

   (b) At SFGH a subcommittee chaired by one of the Assistant Directors of Nursing, is developing a proposal for cohorting of acute medical patients who have psychiatric or behavioral disorders. Implementation will occur this year within this fiscal year's budget.

   (c) The AIDS Office has developed a contract with St. Mary's Hospital to provide SNF-level medical-psychiatric are to 8-10 AIDS patients beginning in February. In addition, Board and Care level care will be available to 15 AIDS dementia patients through a contract being developed with Catholic Charities.

Commissioner Underwood complimented the work of the Steering Committee and encouraged the Department to allocate new revenues towards this patient population.

9) **CONSIDERATION OF A POLICY REGARDING LEGISLATION ENACTING MEDICAL WASTE MANAGEMENT ACT**

Dr. Larry Meredith, Deputy Director for Operations, provided an overview of the Medical Waste Management Act, the status of medical waste management in San Francisco, and a review of the benefits and disadvantages to local (DPH) implementation. The Department recommended that it assume responsibility for implementing the Medical Waste Management Act. Dr. Meredith also acknowledged Mel Seid, Scott Nakamura, and Bill Lee for their work on this issue.

Department staff will come back with a fee proposal and a plan on how to handle residents and small generators.

Public Speaker: Neil Gendel, Co-Chair of the Hazardous Material Advisory Committee

Action Taken: The Commission approved Resolution # 3-91, (Attachment A)

10) **OTHER BUSINESS/PUBLIC COMMENTS**

Ray Baxter reported that the Public Utilities Commission unanimously adopted a policy to eliminate tobacco and alcohol advertisements from the inside and outside of Muni buses.

Commissioner Gray commented on the need to look at companies promoting malt liquors targeting the African American and Latino communities.

The meeting was adjourned at 3:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-91

RESOLUTION ON THE INTENT OF THE CITY AND COUNTY OF SAN FRANCISCO
TO IMPLEMENT THE MEDICAL WASTE MANAGEMENT ACT
THROUGH ITS DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the California Medical Waste Management Act, Health and Safety Code Section 25015 et Seq. authorizes a local health agency in lieu of the California Department of Health Services to implement a medical waste management program, and prescribe registration and permit fees to pay reasonable expenses to administer the medical waste management program, as well as impose civil or criminal penalties for violations of the act; and,

WHEREAS, the California Medical Waste Management Act, requires a resolution or ordinance from the local governing body authorizing a local agency to implement a medical waste management program; and,

WHEREAS, the California Medical Waste Management Act, requires any local enforcement agency electing to implement a medical waste management program initiate the program on or before April 1, 1991 unless a local ordinance, resolution, or regulation was in effect as of January 1, 1991; and,

WHEREAS, local implementation will benefit the City and County of San Francisco by ensuring allocation of resources to implement the program, directing permit fees to the City to finance the program, assuring the identification of problems in local institutions, enhancing timely emergency response capability in the event of a medical waste incident, and ensuring the timely response to community concerns and complaints in the medical waste management area; now therefore, be it

RESOLVED, that the Health Commission recommends to authorize the Director of Public Health to advise the California Department of Health Services of the intent of the City and County of San Francisco to implement the Medical Waste Management Act through the City and County of San Francisco, Department of Public Health.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, January 22, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT A

Edward A. Chow, M.D.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice-President

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Pierre R. Ludington
Commissioner

Paul Rosenstiel
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health
101 Grove Street
San Francisco, California 94102

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

Tel.: (415) 554-2666

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AGENDA
SPECIAL HEALTH COMMISSION MEETING

Tuesday, January 29, 1991
at
2:00 p.m.
Board of Supervisors' Chambers
City Hall, 2nd Floor
San Francisco, California 94102

1) CALL TO ORDER

2) PRESENTATION ON THE DEPARTMENT OF PUBLIC HEALTH FISCAL YEAR 1991-92 BASELINE BUDGET

3) PUBLIC TESTIMONY

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Pierre R. Ludington
Commissioner

Paul Rosenstiel
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health
101 Grove Street
San Francisco, California 94102

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

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SPECIAL

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING TUESDAY, JANUARY 29, 1991 2:00 P.M.

Board of Supervisors' Chamber
City Hall
San Francisco, CA 94102

1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 2:20 p.m.

Present:

Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH FISCAL YEAR 1991-92 BASELINE BUDGET

See Attachment A - Fact Sheet on Department of Public Health's Proposed 1991-92 Baseline Budget.

Raymond Baxter, Ph.D., Director of Public Health, made the following presentation:

As I have mentioned several times before, I have taken a department-wide perspective in considering reductions to meet targets. This includes convening a department-wide ad hoc advisory committee, which has met four times in assisting us with preparing this baseline budget. I am very pleased with their frank and extremely helpful comments on our various iterations of this first cut at next year's budget. One of the things the committee has suggested, that I will pursue, is a complete analysis of administration in the department; not just in Central Office and the divisions, but in all our programs, whether operated directly or by contract. Another is developing performance standards by which we and the public can measure our efficiency and effectiveness.

The group's input encouraged us to consider the budget in various categories of reduction department-wide: to examine departmental operations, to generate revenues, to establish priorities and plan based on community needs, and to set in place processes for department-wide strategic planning and program evaluation. The bulk of the budget changes to meet targets consist of the first two categories: operating cost reductions and revenues. The smallest reductions were for direct services, (see Attachment B). We adopted a department-wide policy with respect to Cost-of-living adjustments for contract providers: in all cases we will negotiate individually with contractors in order to look for operating efficiencies and to minimize direct service impacts.

The major revenue increases result from (1) increasing pharmacy revenues at San Francisco General Hospital (2) increasing case management revenues for mental health services that we already provide, which have not been reimbursable previously, and (3) obtaining a rate increase for services at Laguna Honda Hospital.

Some examples of operating cost reductions are (1) reducing staffing at San Francisco General Hospital to reflect a reduced census (2) reducing administration in mental health and (3) instituting better management practices at Laguna Honda that result in savings in utilities and telephone costs.

But we must not, at the same time, be misled that all these "non-direct service" cuts are without a real cost. Beyond the factors we have already discussed that determine next year's budget -- State cuts, increased costs, the City's fiscal situation, we also find ourselves in a difficult fiscal situation as a result of the cumulative effect of reductions over the last three years, and throughout last year, none of which we will be able to remedy this year. For example, last year not only was San Francisco General Hospital cut roughly $4.2 million by the end of the process. In order to keep its budget in balance, the hospital had to institute a hiring freeze on all non-nursing positions. The result has been a real whittling away of the infrastructure support at the hospital. This puts the hospital in a difficult situation to begin thinking about further reductions this year. The hospital provides the most dramatic example, but the same general theme is true throughout the department. So in striving to avoid cuts to direct services, we must understand the impact of alternate cuts.

With respect to direct program reductions, this preliminary budget contains two categories: $350,000 in designated proposed reductions to dental services, the senior accident prevention program and AIDS public information activities; and up to $1.5 million in other community health, mental health and substance abuse services if administrative savings in those programs cannot be negotiated.

This is only the beginning of the process. In addition to a number of technical modifications, I anticipate that we will be asked for further City General Fund reductions as early as next month, in the light of a weakening state budget and the City's first look at all its baseline needs. In anticipation of this, we are continuing to look at further administrative savings. We will also be examining a number of additional revenue enhancements, not only through rate negotiations and improved billing practices, but also through revising our fee structures and collection practices. Many of these will require a significant up-front investment (in personnel or automated systems, for example) and will take time to implement. I believe it unlikely that we will be able to sustain further reductions without significant direct service impacts.

President Sanchez acknowledged the presence of Supervisor Jim Gonzalez, Chairman of the Finance Committee, and thanked Supervisor Gonzalez for his attendance at this public hearing.

3) **PUBLIC TESTIMONY**

Public Speakers:

Susan Rosenthal, Local 790, S.F. Coalition for Public Health Services
September Jarrett, S.F. Coalition of Public Health Services
Jack McKay, Geriatric Coordinating Committee
Larry Griffin, Local 250
Camille Moran, Patient Rights
Joseph Scully, client of Mt. Zion Crisis Clinic
Ruth Ellen Miller
Steve Fields, S.F. Association of Mental Health Contractors
Fancher Bennett, Patients Rights Advocacy Services
Marya Grambs, CFIDS
Gerald Lenoir, S.F. Black Coalition on AIDS
Stan Weisner, Coleman Advocates for Children and Youth
Leland S. Meyerzove, EOC of San Francisco

Submitted Written Testimony:

Vera Haile, North of Market Senior Services
Richard Samples, Mental Health Advisory Board of San Francisco
Anni Chung, NICOS Plus
Doug Fong, SFGH Psychiatric Services Community Advisory Board

Highlights of Speakers:

- encouragement of early political organizing on the budget
- increasing revenues to restore public health cuts
- collaboratiove work with unions and community groups
- active participation of the community in the budget process
- continued support for seniors
- preserve Crisis Clinic at Mt. Zion
- need for patients' rights advocacy
- inequity of contractor COLA's and Civil Service salary standardization
- idea of a Task Force to look at contractor COLA's
- CFIDS needs continuous support from Department of Public Health
- look at total health needs of the City, not just AIDS
- work together to change the nation's priorities
- SFGH is a last resource for health services for the poor

The meeting was adjourned at 3:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (2)

FACT SHEET
THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED
1991-92 BASELINE BUDGET

- The budget complies with the Mayor's Office instructions by offsetting a portion of the department's increased expenditures with new revenues and expenditure reductions.

- The total budget is $483 million, with revenues of $302 million. This is an increase of $8.1 million in expenditures and $4.4 million in revenues from the prior year, for a total city general fund increase of $3.7 million.

- The major changes in the budget are as follows:

  $3.8 million to annualize services, primarily for HIV prevention and early intervention, begun in the current year.

  $4.4 million in net new revenues primarily by increasing case management revenues in mental health, increasing pharmacy revenues at the hospital,increasing revenues for children's health services, and receiving a rate increase for services at Laguna Honda Hospital.

  $4.4 million in operating cost reductions resulting primarily from reducing expenditures at San Francisco General Hospital to reflect a lower census, better management practices throughout the department, and reducing administration in mental health services.

  $1.5 million in reductions that may result in operating cost efficiencies or service reductions. This includes negotiated contract COLAs that may result in operating cost reductions or service reductions. We won't know the service impact until contract negotiations are complete. It also includes changes in the way outpatient services are delivered at the hospital that may result in decreased visits for people who visit the outpatient clinics many times over the course of the year.

  $350,000 in direct service reductions. This includes:

  - A reduction of $95,000 and 1.5 FTE staffing for the CHIPPS senior injury prevention program. As a way of offsetting this reduction, the department will begin to provide these services out of the primary care centers.

- a reduction of $153,000, or 39 percent of the AIDS prevention funds for the general community. This reduction represents 9 percent of the total AIDS prevention services budget. It will not affect prevention services targeted for high risk groups.

- A reduction of 1.4 dentists that will result in 2400 fewer adult dental visits per year, or 16 percent of all dental encounters. All dental services to children will be maintained.

A number of shifts in the way services are provided. This includes:

- Continuing to reorganize the mental health service delivery system to a rehabilitative model of care.

- Consolidating psychiatric emergency services and developing alternatives to psychiatric emergency room utilization.

- Shifting senior information and referral services to the Commission on Aging.

This is the first step in developing the DPH budget. The department will continue to focus on (1) generating new revenues, (2) looking for ways to reduce expenditures without affecting direct services, and (3) prioritizing services on a department-wide basis.

DPH PROPOSED BUDGET CHANGES TO MEET TARGETS

	OPERATING COST REDUCTIONS	NEGOTIATED CONTRACT COLAs THAT MAY RESULT IN OPERATING COST OR SERVICE REDUCTIONS	DIRECT SERVICE REDUCTIONS	REVENUES	TOTALS
Central Administration					45,000
Reduce fiscal contracts	45,000				
Environmental					34,000
Health and Toxics				17,000	
Increase fees for services					
Reduce materials and supplies	17,000				315,700
AIDS Division					
Reduce contract agencies--minimize service impact		108,000			
Reduce prevention services to general community			153,000		
Reduce work order to HRC	4,700				
Shift one civil service position to grant funds	50,000				
Community Public Health Services					351,000
Reduce operating costs in contract agencies	183,000				
Reduce senior injury prevention program			95,000		
Reduce contract agencies--minimize service impact		73,000			
Laguna Honda	300,000				300,000
San Francisco General					4,800,000
Reduce staff for census	3,100,000				
Reduce operating costs	500,000				
Increase pharmacy revs				400,000	
Reduce outpatient clinc expenditures	800,000				
Mental Health, Substance Abuse and Forensics					2,525,000
Consolidate psych ER services	450,000				
Improved third party billing				1,200,000	
Reduce administration	200,000				
Reduce substance abuse contracts--minimize service impact		600,000			
Reduce forensic nurses OT	75,000				
TOTALS	5,724,700	781,000	248,000	1,617,000	8,370,700

ATTACHMENT B

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Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Pierre R. Ludington
Commissioner

Paul Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health
101 Grove Street
San Francisco, California 94102

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

Tel.: (415) 554-2666

AGENDA
HEALTH COMMISSION

Tuesday, February 5, 1991
3:00 P.M. *
at
101 Grove Street, Room 300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF JANUARY 22, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) DMSF - CMHS - Reconsideration of a renewal contract with the University of California Center on Deafness in the amount of $344,615, to provide outpatient and outreach services to deaf individuals and their families for the period of July 1, 1990, through June 30, 1991.

(3.2) SFGH - Administration - New contract with National Public Health and Hospital Institute in the amount not to exceed $175,000, to provide consulting services for the renegotiation of the Affiliation Agreement with the University of California, S.F., for the period of July 1, 1990, through June 30, 1991.

(3.3) CPHS - Family Health Bureau - Request to accept and expend a new grant from the State Department of Health Services, Maternal Child Health Branch, in the amount of $150,000, to provide perinatal outreach and related services for the period of February 1, 1991 through June 30, 1992.

* Please note meeting will start at 3:00 p.m.

(3.4) CPHS - Family Health Bureau - Request to accept and expend an augmentation to a grant from the State Department of Health Services in the amount of $97,532, to provide the WIC program with nutrition education and supplemental foods to pregnant women lactating or post-partum women and to children under five years who are receiving ongoing medical care for the period of March 1, 1991, through September 30, 1991.

(3.5) Toxics, Health and Safety Service - New contract with Windom Health Enterprises in the amount of $80,000, to provide a pilot wellness program for the period of February 19, 1991 through February 18, 1992.

(3.6) DMSF - CMHS - Child and Family - Renewal contract with Regents of U.C. Langley-Porter in the amount of $241,500, to provide child and adolescent inpatient, partial hospitalization and transitional services for the period of July 1, 1990 through June 30, 1991.

(3.7) DMSF - CMHS - Residential - First modification to the contract with Conard House, Inc. in the amount of $259,000, to provide rehabilitation of and operating costs related to the Washburn Hotel for the period of February 1, 1991 through June 30, 1991.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **CONSIDERTION OF APPROVAL OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET FOR FY 1991-92**

6) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Pierre R. Ludington
Commissioner

Paul Rosenstiel
Commissioner

HEALTH COMMISSION
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MINUTES OF THE HEALTH COMMISSION MEETING TUESDAY, FEBRUARY 5, 1991 3:00 P.M. 101 Grove Street, Room 300 San Francisco, CA 94102

1) CALL TO ORDER

The meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:05 p.m.

Present:

Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) APPROVAL OF MINUTES OF JANUARY 22, 1991

Action Taken: The Commission adopted the minutes of January 22, 1991 with the correction under Other Business that the Public Utilities Commission unanimously adopted a policy to eliminate tobacco (not alcohol) advertisements from the inside and outside of Muni buses.

In behalf of the Health Commission, Vice President Patricia Underwood made a special presentation of a Certificate of Appreciation to Richard Samples, outgoing President of the San Francisco Mental Health Advisory Board. Commissioner Underwood acknowledged the many volunteer hours and leadership Mr. Samples provided while serving on the Mental Health Advisory Board.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

Commissioner Paul Rosenstiel, the new Chair of the Budget Committee, stated that the role and format of the Budget Committee will be changing. He would

also like to expedite discussions on each contract. The Director of Public Health will bring finance matters to the Budget Committee prior to going to the full Commission.

Raymond J. Baxter, Ph.D., Director of Public Health, reported on a meeting with Christina Nye on Medicaid regulations.

(3.1) DMSF - CMHS - Reconsideration of a renewal contract with the University of California Center on Deafness in the amount of $344,615, to provide outpatient and outreach services to deaf individuals and their families for the period of July 1, 1990, through June 30, 1991.

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(3.5) Toxics, Health and Safety Service - New contract with Windom Health Enterprises in the amount of $80,000, to provide a pilot wellness program for the period of February 19, 1991 through February 18, 1992.

Commissioner Chow requested results from the survey to be done of employees to determine the effectiveness of the program.

(3.6) DMSF - CMHS - Child and Family - Renewal contract with Regents of U.C. Langley-Porter in the amount of $241,500, to provide child and adolescent inpatient, partial hospitalization and transitional services for the period of July 1, 1990 through June 30, 1991.

(3.7) DMSF - CMHS - Residential - First modification to the contract with Conard House, Inc. in the amount of $259,000, to provide rehabilitation of and operating costs related to the Washburn Hotel for the period of February 1, 1991 through June 30, 1991.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph. D.)

BUDGET REPORT AND CITY HIRING FREEZE

- Mayor's Letter/Controller's Report on 90-91 Budget: The Mayor has imposed an immediate hiring freeze on all non-critical city employees.

No requisitions to fill vacant positions will be approved by the Mayor unless the following criteria are met: 1) Hiring is required by court order, consent decree, MOU, state or federal law, or other legal requirements; 2) Employee will generate revenues or savings equal to or greater than cost of filling the position; 3) Employee is critical to the function of the department or to provision of services critical to the health or safety of the public.

The Mayor has taken this step to limit spending during the balance of the fiscal year in response to the Controller's report warning of potential difficulties in maintaining a balanced budget for the current fiscal year due to lower than anticipated revenues.

The Controller anticipates that all DPH Divisions, with the exception of SFGH, will operate within their budgeted allocations. San Francisco General Hospital has lower than anticipated inpatient revenues resulting from the reduced census. These lower revenues are partially offset by higher than anticipated outpatient revenues and increased SB 1255 revenues.

A copy of the Mayor's letter and Controller's Report have been forwarded to the Health Commission.

AIDS OFFICE

- CARE Letters of Application: Letters of application from non-profit community-based providers for HIV/AIDS services were due to the AIDS Office by 12 pm on Friday, January 25. Sixty-seven were accepted as in compliance with application requirements and were forwarded to the review panels for consideration.

  The applications have been reviewed, prioritized, and included in the formula and supplemental application for Title I funds. The application will be submitted on February 15. About April 1, the AIDS Office will be notified of the total amount of the CARE award.

- Associate Director for Administration: Michael Bala is leaving the AIDS Office as of February 15. Michael has been with the AIDS Office since April 1985. Over the past five years he has worked in numerous capacities, including contracts manager and Chief of Operations. Since July 1989, he has served as Associate Director for Administration.

  On behalf of the Department, including the Executive Staff, staff of the AIDS Office, and Dr. Hernandez, I want to publicly thank Michael for his leadership, extraordinary commitment , and dedication in fighting the AIDS epidemic during his tenure with the Department. We wish him the best in his future endeavors.

- Civil Service Equal Employment Office Review: After receiving a letter from Local 790 requesting an outside investigation of the AIDS office's hiring practices regarding African-American employees, I met with Evelyn Hagan-Jackson, Director of the EEO office of the Civil Service Commission, and Rafael Centeno, to request this review. The goal of the Civil Service EEO office is to arrive at an investigative conclusion in the next three to four weeks.

SAN FRANCISCO GENERAL HOSPITAL

- Psychiatric Short Stay Pilot: The Department of Psychiatry is initiating a short stay program. Patients, who would be discharged within 48 hours, will be admitted to these designated beds. This model will improve patient management and increase revenue.

- Paramedic Division: Dr. Chuck Saunders, Director of the Paramedic Division, as been asked to speak to representatives of South and Central American countries on the San Francisco Paramedic Division's response to the Loma Prieta earthquake. The Congress International Integral de Medicine, held in Peru in mid-February, is aimed at helping countries design and develop emergency response systems.

LAGUNA HONDA HOSPITAL

- Facilities Master Plan Community Advisory Group: The Community Advisory Group met last night to review and comment on the consultants' report on an assessment of the existing facility and future programmatic and space needs of the hospital. During the next few weeks, the hospital administration and the consultants will produce future facility models for further review and study by the Citizens Advisory Committee, and the Health Commission. It is anticipated the plan should be completed by April 1991.

- New LHH Mural: In a ceremony on January 25, Mr. Tony Wagner accepted the second in a series of ten murals commissioned by the LHH Volunteers, Inc. "Skyline Reflections", a colorful 20 foot mural by T. Scott Sayre, interposes a modern San Francisco waterfront skyline scene with images of early working class San Franciscans in historical depictions. Music for the event was provided by the Cate School Choir of Carpenteria.

- FreeWheelers Fundraiser: On Saturday, February 9th, the FreeWheelers will sponsor a fundraising dinner, silent auction, and dance, "Art and Orchids", in the Gerald Simon Auditorium at Laguna Honda to help finance their activities. For the past 13 years, FreeWheelers have provided free bus trips and outings for residents and patients of Laguna Honda Hospital.

- Hospital Sponsored Skilled Nursing Facilities: Peter Gentile, Assistant Administrator for Clinical Services, recently successfully completed his term of office as President of the H.S.S., an affiliate of the California Association of Hospitals and Healthcare Systems, which represents 100 institutions statewide. He ably represented Laguna Honda Hospital, the Department of Public Health and the industry in interactions with other agencies and the State Department of Health Services.

COMMUNITY PUBLIC HEALTH SERVICES

- Drug Infant Protocols: The Department testified at a recent DSS Commission meeting in support of changes in protocols for drug positive infants. Essentially, DPH supported referral of all drug positive infants, after investigation by hospital social workers, to the Department of Social Services. This will be phase one of the development of a workable community follow-up system for all drug affected babies city-wide.

DPH has pledged our willingness to work with DSS, community hospitals, and community agencies in developing mutual plans for these services that will evolve into an action plan.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Mt. Zion Crisis Clinic Hearing: Supervisor Angela Alioto has called for a public hearing of the City Services Committee on Thursday, February 7 on the impact of the decision of the Mt. Zion Health System Corporation to terminate operations at Mt. Zion Crisis Clinic effective March 1, 1991.

  I will be reporting on the Department's plans to reallocate resources to ensure that services to clients continue under other auspices. We have begun to expand and restructure service at San Francisco General Hospital to consolidate all psychiatric emergency services at one site. Continuation of contracts with voluntary hospitals will provide the availability of additional acute resources if needed. Non-emergency services such as follow-up counseling and medication services will be maintained through existing community-based outpatient clinics.

  We have been meeting with community hospitals, other providers and the police to work on referral patterns, protocols and communication lines to facilitate the transition. This plan will not only provide continuity for persons previously served by the Mt. Zion program, at lower expense, but will also achieve some important service improvements: closer linkage of outpatient clinics, residential services, emergency and inpatient care.

- Forensic Consent Decree (Stone v. CCSF): A hearing on the Jail Service Consent Decree was held in Federal Court on January 24. The Judge found both the Sheriff's Department and Jail Health Services as non-compliant with the staffing pattern requirement. Deputy City Attorney, Dennis Aftergut made a strong defense on the basis that DPH was facing a major budget crisis early in the fiscal year and that the problem has now been corrected. Fines were not imposed.

  Judge Orrick ruled in favor of the City Attorney's arguments against an immediate submission to the Court of a staffing plan for the new jail. Judge Orrick agreed that the staffing plan need not be filed with the Court until six months prior to the completion of the building.

  A tentative projection for staffing the new jail is required to be submitted to the State Board of Corrections as a condition for receipt of State jail construction funding. It is understood that this plan is subject to changes and will be more flexible since it was not incorporated into an Order of the Court. This plan will be presented at the next meeting of the Health Commission.

- Prop 96 Injunction/HIV Status of Jail Inmates: The Department was advised by our City Attorney to comply with the mandate of Prop 96, which requires notification of jail inmates HIV status to the Sheriff's staff. A plan was moving forward for compliance by February 1, 1991. However, the ACLU has filed an injunction against the Sheriff and Public Health Department from proceeding to implement of Prop 96 compliance. The suit was heard before Judge Brown on January 31. The Judge has taken the matter under submission and will issue a decision at a later time.

- ECT Hearing: This morning, Supervisor Alioto also convened a City Services Committee hearing on involuntary ECT treatment and presented a resolution stating that no city funds should be used for this purpose. State law requires the local mental health agency to review and approve all involuntary ECT treatments. In FY 1989-90, no city funds were approved. In FY 90-91, one request has been approved using Short Doyle and city funds at St. Francis Hospital.

- Campus Grant Community Hearings: Following the community meeting in Hunter's Point, two more community meetings have been held. No community members came to testify at the meeting at the Mission Neighborhood Health Center on January 24. The meeting on January 30 in the Castro neighborhood at the Metropolitan Church was chaired by Commissioner Pierre Ludington with 10 community people in attendance. A fourth meeting will be held in the 101 Grove auditorium on February 7.

TOXICS, HEALTH AND SAFETY SERVICES

- Infection Control Policy for Rec/Parks Department: At the request of the Recreation and Parks Department, the DPH Occupational Safety and Health Program has completed the development of an Infection Control Program policy, "Occupational Exposure to Blood and Other Potentially Infectious Materials" for their workers. This policy is based on the requirements of Federal OSHA's standard to reduce occupational exposure to Hepatitis B Virus, HIV, and other bloodborne pathogens. The policy was adopted by the Recreation and Parks Commission at its meeting on January 17. Ms. Mary Burns, General Manager of Recreation and Parks praised the work of Jane Burgelin, DPH Occupational Health Nurse and the Department for our assistance. The DPH OSH staff has completed the training curriculum which is currently under DPH review. Training implementation is scheduled to begin this month.

- Environmental Assessment of UCSF Parnassus Campus: A report on the review of the environmental assessment report by Radian of the UCSF Parnassus Campus has been completed and received by the DPH Toxics, Health and Safety Services. Dr. Marc Lappe of the University of Illinois College of Medicine conducted the review under a contractual agreement, funded by UCSF, and administered by DPH. Dr. Lappe generally supports the Radian assessment and concludes that the continued operation of the UCSF laboratories does not appear to present a significant risk of acute, sub-chronic, or chronic harm to persons in the surrounding community as long as the recommended safeguards in the Radian report and the review are followed.

  DPH has endorsed Dr. Lappe's report with the stipulation that the risk assessment performed by Radian is valid to the area surrounding the Parnassus Campus but should not be used to predict the environmental impact of any other UCSF site. The contractor's report was released to the general public at a UCSF community meeting on January 17.

- Injury and Illness Prevention Program: Today, the Mayor's Office is holding a workshop on development and implementation of effective injury and illness prevention programs and to establish a target date for all departments to submit the first draft of their written injury and illness prevention program. The purpose of the workshop is to review current workers compensation costs, requirements of the new Cal OSHA regulations to implement SF 198, legal consequences of non-compliance, and to obtain input on departmental needs to develop and implement effective programs.

JANUARY STATISTICS

- AIDS Statistics (from 7/1/81 to 1/31/91)

Total San Francisco cases:	9,902
Total San Francisco deaths:	6,787
Total San Francisco cases for January:	160
Total San Francisco deaths for January:	133

- Laguna Honda Hospital

Average Daily Census:	1,082
Acute Med/Surg:	5
Acute Rehab:	4
Secured Wards:	65
Clarendon Hall:	168
AIDS SNF:	9

- Mental Health

SFGH/Acute Psychiatric Beds:	72.4
(25 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	0

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
H.C. #1	2,370	1,164	3,534
H.C. #2	573	279	852
H.C. #3	1,435	677	2,112
H.C. #4	865	842	1,707
H.C. #5	1,454	427	1,881
PHHC	386	818	1,214
SEHC	542	983	1,525
TWC	N/A	3,268	3,268
TOTAL	7,635	8,458	16,093

Disease Control Visits:

STD Clinic	2,353 patients
TB Clinic	2,392 patients

San Francisco General Hospital statistics will be reported at the next regular meeting of the Health Commission.

President Sanchez and Commissioner Ludington thanked Michael Bala, Associate Director for AIDS Administration, for his hard work and commitment to the fight against AIDS.

In response to Commissioner Gray's request for more specifics on the Department's plan in response to the closure of the Mt. Zion Crisis Clinis, Drs. Baxter, True and Okin described the transition plan (see Attachment A) with an emphasis on strengthening the psychiatric emergency services system. The plan reflects a continuity of community-based care, utilization of cost-effective community-based programs, and streamlining of the system. Once the plan is put into place, an evaluation of this plan will take place. The future Department

is also looking at its capacity in the future to do involuntary detox services. Dr. Baxter views this plan as an opportunity to restructure the way services are delivered in our present system. President Sanchez commented that the Commission is in full support of the Department's plan.

Commissioner Ludington inquired as to the consequences to a Department of Public Health employee who does not comply with Proposition 96, which requires notification of jail inmates' HIV status to the Sheriff's staff. Since there is presently an injunction (ACLU lawsuit) against the Department of Public Health and the Sheriff's Department from proceeding to implement Proposition 96, the Department is waiting for the judge's decision.

(Note: The ACLU lawsuit lost in court on February 7, 1991).

Although Dr. Baxter does not personally support Proposition 96, he has to carry out the law.

5) CONSIDERATION OF APPROVAL OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET FOR FY 1991-92

In requesting the Commission's approval of the baseline budget, Dr. Baxter emphasized that this is a preliminary baseline budget; this is the beginning of the budget process; and there are uncertainties on the State level's budget deficit. This preliminary baseline budget will be sent over to the Mayor by February 12, 1991.

In addition to the testimony heard at the special hearing held by the Commission on January 29, 1991 and submitted written testimony, letters from Supervisor Angela Alioto have also been received.

Action Taken: The Commission approved the proposed preliminary baseline Department of Public Health budget for FY 1991-92 to be sent over to the Mayor.

6) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: Ken Cady

A personnel issue brought up by Mr. Cady was referred to the Director. President Sanchez requested that a report from the Director on this personnel matter be given to the Commission and reassured the public that the Commission will not tolerate discrimination against any employee.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment

MT. ZION CRISIS CLINIC

BACKGROUND:

- Mt. Zion Crisis Clinic is a 24 hour crisis, psychiatric clinic. It was started by Mt. Zion Hospital in 1969 under a federal grant and provides emergency evaluations for individuals who are in acute crisis. It also provides follow-up crisis psychotherapy and medication services for those who need continued assistance. The clinic serves approximately 3570 patients (9400 visits) a year. On a monthly basis, the clinic provides approximately 785 visits to 550 to 600 patients. The Clinic also provides training for 45 psychiatric trainees. The Clinics's patients are in four general categories:

  150 - 175 Involuntary patients (5150) brought in by police or others
  125 - 125 Individuals in acute crisis
  125 - 150 Individuals who require follow-up services after crisis
  150 - 150 Individuals who require medication services

- The original FY 1989-90 contract with the clinic was $1.518 million, an increase of 8.43% over the previous year's budget of $1.4 million. The Department increased the clinic's contract, beyond the 4% cost of living adjustments given to other mental health contractors, in order to deal with Mt. Zion's increasing cost. Due to Mt. Zion Hospital's continuing difficulty with deficits, a mid-year augmentation of $71,000 was provided as a one time grant. Mt Zion Hospital's support for the clinic in 1989-90 was $241,000.

- In FY 1990-91, the Department budgeted $1.576 million for the clinic.

- The 1990 merger of Mt. Zion Hospital and UCSF did not include the Crisis Clinic and a separate corporation, Mt. Zion Health System, was created to administer the Crisis Clinic and a program for the aging. The new parent corporation reported costs to administer the clinic increased its deficit from $241,000 to $400,000. The Board of Mt. Zion Health System informed the Health Department it was no longer able to subsidize the clinic operation.

- The Department negotiated to reduce hours of operation at the Clinic to eliminate the deficit and keep the service in the community while working to increase emergency and acute psychiatric services capabilities to handle additional clients at SFGH.

- The Board of Mt. Zion Health System voted to terminate operations at Mt. Zion Crisis Clinic effective March 1, 1991. In December, the Department provided an additional $70,000 to cover a two month deficit and closing costs.

TRANSITION:

- The Department will provide continuity of services for Mt. Zion's clients. The staff of the Mt. Zion Clinic, SFGH, and Mental Health and Substance Abuse Services have been meeting to assure appropriate transition for both patients and trainees at the Clinic.

- The Department will meet the needs of acute crisis patients by expanding and restructuring services and San Francisco General Hospital. It is making arrangements for patients in need of follow-up care and medication to be served by other community-based outpatient services.

- The cost of the restructured services will be approximately half ($1,092,000) the current contract plus additional resources requested by Mt. Zion ($2,054,000).

- The Department has been meeting with treatment providers, community organizations, police and other concerned parties to insure that information about the transition will be widely available to clients and affected agencies. Referral patterns, transfer protocols, transportation arrangements and communication channels are being reviewed with them and revised as necessary.

PLAN FOR ALTERNATE SERVICES:

- SFGH Psychiatric Emergency Services will assume responsibility for the care of involuntary and voluntary acute patients. Approximately $330,000 from the balance of the Mt. Zion contract will be transferred to SFGH for FY 1990-91. In FY 1991-92, $900,000 will be transferred to consolidate all psychiatric emergency services at SFGH.

    - Psychiatric Department will expand and restructure inpatient and emergency service operation. This will include increased staffing at PES to facilitate triaging and management of patients at PES

    - A Crisis Resolution Team has been established to reduce recidivism and increase patient flow out of both PES and the Inpatient Unit. This team will concentrate on intensive services to the most difficult patients, particularly those who are frequent users of psychiatric emergency services and present complex assessment and disposition challenges.

    - A Short Stay Team has been established to provide brief intensive services for patients who do not require a full inpatient admission but would benefit from 24-48 hour evaluation and treatment.

    - The Citywide Case Management Team is being doubled from 12 to 24 staff to reduce rehospitalization of difficult patients. To date the team has reduced recidivism by 50%.

- The Department will continue its contracts for beds in private hospitals which have involuntary detention capacity, in case overflow occurs at SFGH. In FY 1990-91, approximately $50,000 from the remainder of the Mt. Zion contract will be available for this purpose. In FY 1991-92, $150,000 will be available.

- Ten community-based outpatient clinics will accept cases from PES within 24 hours of referral, and from Inpatient services with 48 hours, to provide follow-up services. This will significantly reduce unnecessary utilization of beds. Community-based outpatient clinics will provide services to clients requiring medication and related follow-up services. An additional $65,000 this year, and $130,000 next year will provide this increased service capacity.

- Progress Foundation will provide priority access to SFGH clients who require residential placement in three acute diversion facilities. Staff from Progress have already begun sending intake workers to PES to help facilitate discharges.

- Northeast and Westside Lodges have prioritized beds for PES referrals.

- Homeless Multi-Service Centers will provide priority access to detox and substance abuse treatment beds for many homeless clients who utilize emergency crisis services.

- Children's Service will use Langley Porter for young children who require emergency evaluations; adolescents will be evaluated at PES or at St. Mary's Hospital.

- Baker Places has agreed to provide priority placement for PES and SFGH Inpatient Services clients in need of residential substance abuse services using new substance abuse bed augmentation from State Substance Abuse Services.

- The Department is exploring the feasibility of establishing a licensed acute involuntary detoxification facility in the community. This might be established on an interim basis at SFGH.

EVALUATION:

- The Department has committed to involve providers and other interested parties in monitoring and evaluating the alternate services plan during the transition period, and to make any necessary adjustments. It is also exploring the possibility of involving university researchers in a formal follow-up study of clients affected by the transition.

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Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

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AGENDA
HEALTH COMMISSION

Tuesday, February 19, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF SPECIAL HEARING ON JANUARY 29, 1991 AND MINUTES OF REGULAR MEETING OF FEBRUARY 5, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Request for approval to authorize standby pay for key Department of Public Health classifications consistent with the Salary Standardization Ordinance.

(3.2) Request for a supplemental of $97,760 to fund the purchase of Ceftriaxone, an antibiotic recommended by Center for Disease Control as therapy for gonococcal infections.

(3.3) Request for an immediate filling of the position of 2883 Associate Director of the AIDS Office.

(3.4) Review of the HIV Planning Council service priorities and plan.

(3.5) CPHS - Epidemiology and Disease Control - Request to accept and expend a continuation grant in the amount of $522,574 from the Centers for Disease Control, to provide training for clinicians on sexually transmitted diseases and AIDS, and a sole source request with UCSF Medical School in the amount of $101, 856, to provide training for health care professionals about sexually transmitted disease and AIDS clinical patient management and education for the period of April 1, 1991 through March 31, 1992.

(3.6) CPHS - Health Promotion - AB 75 Tobacco Control Project - New contract with The Community Board Program in the amount of $79,129, to provide tobacco use prevention and cessation services to African American, Latino and Asian American families and their children for the period of March 1, 1991 through February 29, 1992.

(3.7) DMSF - CSAS - First modification to the contract with Horizons Unlimited of San Francisco, Inc. in the amount of $62,000, to provide outpatient substance abuse treatment services for the period of October 15, 1990 through March 31, 1991.

(3.8) CO - AIDS - Renewal contract with Pacific Mental Health Services - Operation Concern in the amount of $69,532, to provide health promotion and education services for AIDS prevention for the period of July 1, 1990 through June 30, 1991.

(3.9) CO - AIDS - Renewal contract with PPMC-Visiting Nurses and Hospice in the amount of $1,591,527, to provide home healthcare and hospice services to persons with AIDS for the period of July 1, 1990 through September 30, 1991.

(3.10) CO - AIDS - Renewal contract with Bayview Hunter's Point Foundation in the amount of $122,901 with Eighteenth Street services, to provide AIDS education and prevention services to the gay and bisexual male injection drug users not in treatment in San Francisco for the period of January 1, 1991 through December 31, 1991.

(3.11) CO - AIDS - A Sole Source and contract modification with Shanti in the amount of $83,515 to provide additional hours of practical support and to add two new services: Practical support to the Native American and Latino communities and home care skills training for the period of January 1, 1991 through June 30, 1992.

(3.12) DMSF - CSAS - Request for a site approval for an additional substance abuse treatment services site for Asian American Residential Recovery Services at 2175 Hayes Street to provide outreach and intake services, procurement activities and administrative, planning and evaluation offices.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **UPDATE ON SEXUALLY TRANSMITTED DISEASES**

6) **CONSIDERATION OF APPROVAL OF A PROPOSED STAFFING PATTERN FOR THE NEW JAIL TO BE SUBMITTED TO THE STATE BOARD OF CORRECTIONS**

7) **CONSIDERATION OF A DEPARTMENT OF PUBLIC HEALTH POLICY ON HIV INFECTED HEALTH CARE WORKERS**

8) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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MINUTES OF THE HEALTH COMMISSION MEETING TUESDAY, FEBRUARY 19, 1991 3:00 P.M. 101 Grove Street, Room 300 San Francisco, CA 94102

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1) CALL TO ORDER

The meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

Absent: Commissioner Paul Rosenstiel

2) APPROVAL OF MINUTES OF SPECIAL HEARING ON JANUARY 29, 1991 AND MINUTES OF REGULAR MEETING OF FEBRUARY 5, 1991

Action Taken: The Commission adopted the minutes of the special hearing on January 29, 1991 and the minutes of the regular meeting of February 5, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Paul Rosenstiel)

(3.1) Request for approval to authorize standby pay for key Department of Public Health classifications consistent with the Salary Standardization Ordinance.

(3.2) Request for a supplemental of $97,760 to fund the purchase of Ceftriaxone, an antibiotic recommended by Center for Disease Control as therapy for gonococcal infections.

(3.3) Request for an immediate filling of the position of 2883 Associate Director of the AIDS Office.

(3.4) Review of the HIV Planning Council service priorities and plan.

This item was brought to the full Commission with a recommendation from the Budget Committee to approve.

(3.5) CPHS - Epidemiology and Disease Control - Request to accept and expend a continuation grant in the amount of $522,574 from the Centers for Disease Control, to provide training for clinicians on sexually transmitted diseases and AIDS, and a sole source request with UCSF Medical School in the amount of $101, 856, to provide training for health care professionals about sexually transmitted disease and AIDS clinical patient management and education for the period of April 1, 1991 through March 31, 1992.

(3.6) CPHS - Health Promotion - AB 75 Tobacco Control Project - New contract with The Community Board Program in the amount of $79,129, to provide tobacco use prevention and cessation services to African American, Latino and Asian American families and their children for the period of March 1, 1991 through February 29, 1992.

This item was postponed.

(3.7) DMSF - CSAS - First modification to the contract with Horizons Unlimited of San Francisco, Inc. in the amount of $62,000, to provide outpatient substance abuse treatment services for the period of October 15, 1990 through March 31, 1991.

(3.8) CO - AIDS - Renewal contract with Pacific Mental Health Services - Operation Concern in the amount of $69,532, to provide health promotion and education services for AIDS prevention for the period of July 1, 1990 through June 30, 1991.

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(3.12) DMSF - CSAS - Request for a site approval for an additional substance abuse treatment services site for Asian American Residential Recovery Services at 2175 Hayes Street to provide outreach and intake services, procurement activities and administrative, planning and evaluation offices.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.4 and #3.6.

(3.4) Review of the HIV Planning Council service priorities and plan.

Commissioner Ludington acknowledged the hard work of Dr. Sophia Chang and Carol Piccione who provided the staff work to the HIV Planning Council.

Commissioner Gray expressed her concern for insufficient funding of the CARE monies to the African-American community. Commissioner Ludington, Co-Chair of the HIV Planning Council, and Commissioner Underwood, who serves on the Council, stated the Council's commitment to a strong monitoring of the CARE funds and that a specific list of target populations is included in the monitoring.

Action Taken: The Commission adopted the HIV Planning Council Service Priorities and Plan, Resolution #7-91 (Attachment A), with an amendment to attach the list of Target Population Categories.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH

(Raymond J. Baxter, Ph.D.)

AIDS OFFICE

- VA Hospital AZT Study: Results of the recent study done by the Veteran's Administration to assess AZT therapy in early vs late treatment for HIV infection were reported last week to the FDA antiviral drugs advisory committee. Reported findings included that ethnic minority (African American and Latino) men did not benefit from early use of AZT while non-ethnic minority white men did. These findings contradict two other large scale federal studies that showed clear benefit of early use of AZT by both white and ethnic minorities.

  Because of concerns that news of the study might discourage individuals from seeking testing, counseling, and use of AZT, I assembled a leadership group and Commissioners Gray and Ludington and I met with the following: Dr. Sandra Hernandez, Noel Day, Dr. Paul Volberding, Reneita Martin, Dr. Eric Goosby, and Gerald Lenoir.

  The VA Cooperative Study 298 has been criticized for a range of methodological flaws including small sample size, use of high dose of AZT for the study (1500mg/day), and poor overall compliance with the drug administration. Also, relatively few ethnic minority participants reached clinical end points; i.e., there were relatively few deaths, and many of the reported deaths among the ethnic minority subgroup were not AIDS-related deaths. Because the study was not originally designed to look at racial differences, the study did not control for possible confounding variables between the white and the ethnic minority subgroup. In fact, preliminary review of the data by other researchers indicated that the minority subgroup had a poorer underlying health status at the outset of the study, thereby potentially biasing any comparison between the two groups.

  The AIDS Office has begun an educational campaign targeting health educators, antibody test counselors, early intervention advocacy groups, and the African American and Latino HIV community providers.

This campaign will emphasize the need to interpret the VA study with extreme caution. In particular, the AIDS Office does not believe that this study should in any way change or undermine current medical treatment, and AZT therapy if clinically indicated and supported by other more rigorous and published clinical research studies.

SAN FRANCISCO GENERAL HOSPITAL

- CMAC Negotiations: The Department's discussions with staff of the California Medical Assistance Commission indicate they will be recommending $5.6 million for San Francisco from the Round III negotiations, for a net profit of $2.1 million.

  Proposals from SFGH are under review for one-time expenditures in the current year that would either help to reduce expenditures or increase revenues in 1991-92. These proposals will come before the Health Commission as a supplemental request for approval in March for forwarding to the Mayor's Office and the Board of Supervisors.

- Med/Psych Pilot Unit: The hospital has established an interdisciplinary committee to develop plans and guidelines for a special care unit with a focus on acute medical care for patients with behavioral problems. The goals of the service are to provide cost effective, safe care for med/surg patients who need constant observation. The pilot program will begin with 6 patients and the target date is May, 1991. If successful, this program could be expanded to care for as many as 30 patients.

- Substance Abuse Training at SFGH: The Haight Ashbury Free Clinic, with direction from the Primary Addiction Linkages Project (PALS) of CPHS, is offering substance abuse training sessions for hospital staff. Dr. David Smith and his staff have worked with Mary Isham from the Patient Education Resource Center (PERC) to coordinate sessions on addiction, cocaine treatment, interventions skills and perinatal addiction. Training in substance abuse is now part of nursing's staff development curriculum.

LAGUNA HONDA HOSPITAL

- LHH Volunteers Annual Meeting: Mrs. Suzie Ciotti has successfully completed a two-year term as President of the Board of the LHH Volunteers, Inc. During Mrs. Ciotti's term, the number of volunteers increased 100% to 334, and the volunteers provided more than 23,000 hours of service to the patients of Laguna Honda. The Board has funded many special projects, events and the new resident contact programs which have been initiated by the Volunteer Department. The new Acting Board President is Geoffrey Taylor.

- February Resident Celebrations: A number of special events have been planned for the residents in February:

  - A kickoff celebration in honor of Black History Month was held on February 7th with a performance by the Our Boys Steel Drum Band.

  - Mardi Gras was held on February 12th in Clarendon Hall for its 170 residents with music by the Ron Taormina Band.

- Chinese New Year was welcomed on February 13th with performances by the children from the West Portal School.

- 5th Annual Valentine's Day Dinner Dance was held on February 15th with over 400 residents and staff enjoying a gala evening with music by the Al Molina Band.

COMMUNITY PUBLIC HEALTH SERVICES

- WIC Program: A Special Achievement Award has been presented by the State WIC Program to Danita Davis, the health worker in charge of the WIC clinic at the Alice Griffith Housing complex for her dedication and contributions to the WIC Program.

  For the past two years, the WIC Program has operated a satellite clinic at the Alice Griffith Housing Complex in Hunter's Point. The program started with 100 families and now has a caseload of 545 families. This clinic is an integral part of the Mayor's Drug Program which stresses relocation of services in communities most affected by drugs. Approximately half of the WIC participants are from Alice Griffith, and half from neighboring housing complexes.

  As a result of the Alice Griffith experience, our local program has successfully competed for additional State WIC funds to start a similar clinic at the Plaza East Housing Project in the Western Addition. This new satellite clinic is scheduled to open on April 1, 1991. Ms. Nylda Gemple is the Project Director for the WIC Program.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Mount Zion Crisis Clinic: Last week, the Board of Supervisors adopted a resolution urging the Mayor to urge the Health Commission to request adequate funds to maintain operations at the Mount Zion Crisis Clinic through the end of the current fiscal year, and to seek financial assistance from Mount Zion Crisis Clinic, Mount Zion Health Systems, Inc. and the University of California, San Francisco.

  The resolution further urges a written report to the Board of Supervisors by April 1, 1991 that addresses particular issues related to the provision of mental health services in the City of San Francisco:

  1) statement of funding options available for keeping the Clinic open 24 hours per day, on 5 and 7 days schedules, for fiscal year 1991-92 and beyond, including cost estimates;

  2) clarification of the effect the transition of patients from the Clinic to other outpatient clinics would have on the provision of mental health services in San Francisco, especially services provided by community outpatient clinics, including a cost estimate;

  3) evaluation of the efficacy of psychiatric-emergency services at SFGH at present, and how the efficacy of these services would be affected by the closing of the C inic or any reductions in services by the Clinic, including a cost estimate;

4) analysis of the possible consolidation of Clinic outpatient services with the Westside Clinic and/or other outpatient clinics, including a cost estimate;

5) evaluation of the possibility of transferring all 5150 services from the Clinic to SFGH, including a cost estimate;

6) evaluation of the impact on Police services of consolidating 5150 services at SFGH, including a cost estimate;

7) strategy regarding the future restructuring of mental health services in San Francisco, including the development of resources that would reduce the need for crisis, and particularly 5150 services, and how best the City and mental health providers can move toward a preventive health care mode, including a cost estimate.

In accordance with the resolution, Commissioners Sanchez and Underwood convened a meeting this morning with representatives of the University of California and the Mount Zion Health Systems Board. A resolution encompassing the results of that discussion will be introduced today.

- Prop 96 Injunction: On February 6, the State Court of Appeals reversed the Superior Court ruling denying the ACLU injunction against the Department's planned implementation of Proposition 96 notification procedures of jail inmates HIV status. The injunction only applies to HIV and Hepatitis B status of inmates. The Department is proceeding on notification procedures on 12 other disease categories.

- Campus Grant Community Hearings: The fourth community meeting to hear public testimony on the proposed Campus Grant was held in the 101 Grove auditorium on February 7. Approximately 20 people attended, including a number of representatives from the Asian community.

BUREAU OF ENVIRONMENTAL HEALTH

- Consumption of Raw Oysters: Emergency regulations have been issued by the California State Department of Health Services regarding the consumption of raw oysters. This was in response to severe infections and deaths nationwide from the consumption of raw oysters tainted with Vibrio vulnificus.

  These emergency regulations mandate Environmental Health to identify those local establishments that serve or sell raw oysters harvested from the Gulf of Mexico. Clear and reasonable warnings are required to be posted for consumers. The purpose of the signage is to properly advise susceptible persons (i.e. those with weakened or compromised immune systems) about the risks of consuming raw oysters. In preparation for the effective date, March 1, 1991, the Bureau has initiated workshops and continuing education for staff, prepared notices for the effected industry and is in the process of developing multilingual signs.

JANUARY STATISTICS

- San Francisco General Hospital

Inpatient		
Average Daily Census	(except newborns):	323
Newborn Nursery:		21
Actual Patient Days	(except newborns):	10,020
Newborn Nursery:		640
Admissions	(except newborns):	1,557
Newborn Nursery:		192
Average Length of Stay	(except newborns):	7
Newborn Nursery:		4
Discharge Patient Days	(except newborns):	10,893
Newborn Nursery:		684
Discharges	(except newborns)	1,546
Newborn Nursery:		189
Outpatient Visits		
Primary Clinics		
Family Health:		2,876
General Medicine:		2,046
Pediatric:		3,944
OB/GYN: 2,542		
Specialty Clinics:		11,057
Emergency Room Visits:		5,935

5) UPDATE ON SEXUALLY TRANSMITTED DISEASES

Dr. Gail Bolan, Director of STD Control, introduced her staff and presented an update of the 1990 STD Control Program which included clinical services at City Clinic, partner referral, screening for asymptomatic infections, and education outreach, and networking. Additional components to improve the control efforts include a peer education program, community-based STD services, and improvement of STD clinical services at the STD Clinic and within the primary care network.

Dr. Bolan pointed out the following STD trends in 1990:

1. syphilis rates including congenital syphilis are increasing, especially among blacks.

2. chancroid has emerged as a public health problem.

3. gonorrhea remains at high levels while penicillinase producing Neisseria gonorrhea (PPNG) continues to increase.

4. chlamydia and PID are underreported but at high levels

Commissioners Gray and Chow commented on the continuing alarming statistics in the black community and how will the Department be approaching this problem differently. Dr. Bolan emphasized the need to improve in the community outreach area and the need to have a coordinated effort to address the STD and crack epidemic problems.

Dr. Baxter stated the Department will come back to the Commission in less than a year to look at the impact of an integration of services and any necessary reallocation and shifting of resources within the Department.

6) CONSIDERATION OF APPROVAL OF A PROPOSED STAFFING PATTERN FOR THE NEW JAIL TO BE SUBMITTED TO THE STATE BOARD OF CORRECTIONS

Dr. Tom Peters, Director of Forensic Services, presented a provisional staffing pattern for the proposed new jail facility, which is jprojected to be completed in 1994. This provisional staffing plan will be submitted to the Board of Supervisors together with the Sheriff's staffing, architectural plans, and start-up costs; and then to the Board of Corrections.

Action Taken: The Commission adopted Resolution #8-91, (Attachment B).

7) CONSIDERATION OF A DEPARTMENT OF PUBLIC HEALTH POLICY ON HIV INFECTED HEALTH CARE WORKERS

Commissioner Ludington read the resolution indicating the Commission's views on the issues related to HIV infected health care workers.

Dr. Baxter stated that this resolution reflects scientific, legal, and ethical considerations on the issue and recommended to the Commission that San Francisco take leadership on this issue.

Public Speakers: Steve Heilig, S.F. Medical Society
Ben Schatz, Advocacy Program for HIV Positive Physicians

Action Taken: The Commission adopted Resolution #6-91 (Attachment C) regarding a policy on HIV infected health care workers.

8) OTHER BUSINESS/PUBLIC COMMENTS

Under Other Business, President Sanchez reported that a meeting he convened was held earlier this morning with representatives of the Mt. Zion Health Systems Board and the University of California at San Francisco. Because the outcome of the discussions in this meeting need to be presented and considered by the Commission today and since this situation arose after the agenda had been distributed, President Sanchez requested the Commissioners to consider adding this issue to the agenda today.

Action Taken: The Commission decided to add the Mt. Zion Crisis Clinic issue to the agenda for today.

President Sanchez reaffirmed the Commission's commitment to the development of a single comprehensive psychiatric emergency service system in San Francisco.

Action Taken: The Commission adopted Resolution #5-91, (Attachment D).

Dr. Baxter stated that the continuing negotiations with the Mt. Zion Crisis Clinic would emphasize one organized psychiatric emergency service system in San Francisco, a plan jointly agreed upon, and under conditions of severe fiscal constraints. Dr. Baxter strongly reiterated his concern on the tight fiscal constraints the Department will be facing and the need to look at the total Department budget.

Commissioner Ludington expressed his concern that the Mt. Zion Health Systems Board was not able to commit to any outside fund-raising.

President Sanchez and Commissioner Underwood underscored the need to look at a comprehensive restructuring of the psychiatric emergency service system combined with San Francisco General Hospital and community-based programs and including the community served by the Clinic.

The meeting was adjourned at 4:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 7-91

RESOLUTION ENDORSING THE MAYOR'S HUMAN IMMUNODEFICIENCY VIRUS (HIV) HEALTH SERVICES PLANNING COUNCIL DETERMINATION OF THE ALLOCATION OF RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY (CARE) ACT OF 1990 FUNDS

WHEREAS, the CARE Act of 1990 was established by the Congress of the United States to provide disaster relief to localities disproportionately affected by the AIDS/HIV epidemic and to make financial assistance available to State and local governments or other non-profit entities to provide for the development, organization, coordination and operation of more effective and cost efficient services to individuals and families with HIV diseases; and,

WHEREAS, this legislation required the Mayor of San Francisco to establish an HIV Health Services Planning Council composed of a broad representation of the full range of entities that provide, sponsor, or facilitate such services within the geographic area to be served; and,

WHEREAS, the CARE Act requires this HIV Health Services Planning Council to establish priorities for the allocation of funds within the eligible area; and,

WHEREAS, the Planning Council has developed a comprehensive plan for the organization and delivery of AIDS/HIV health services compatible with existing State and local services; and,

WHEREAS, the Planning Council has determined that funds should be disbursed to low income, uninsured, and/or underinsured persons with special emphasis on previously neglected or unrepresented individuals* and those who can no longer care for themselves, with these funds allocated in the following service areas:

Primary health care	50%
Eligibility, advocacy and case management	15%
Housing	15%
Psychosocial support	10%
Food and nutrition	5%
Administrative support	5%
Other eligible metropolitan area support (Counties: San Mateo and Marin)	5%

WHEREAS, the Planning Council has endeavored to expedite the allocation of all funds by local funding mechanisms; and,

WHEREAS, the Planning Council has identified potential contractual service providers through CARE application review process; and,

WHEREAS, the Health Commission has reviewed contracts and agreements which result from the decisions of the Planning Council; now therefore, be it

RESOLVED, that the Health Commission endorses the Mayor's Human Immunodeficiency Virus (HIV) Health Services Planning Council determination of the allocation of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 funds.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeeting of Tuesday, February 19, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

*See attached Target Population Categories.

Target Population Categories

1. People of Color

   - Gay/Bisexual Males
   - Lesbian
   - African-American
   - Latino
   - Native American
   - Asian/Pacific Islanders
   - Other

2. Homeless

   - Youth
   - Gay/Bisexual Youth
   - IDU's/Other Substance Users
   - Women
   - Families
   - Other

3. Substance Users

   - Dual Diagnosis (mentally ill)
   - Actively Using
   - Clean and Sober
   - Women
   - Pregnant Addicts
   - Gay/Bisexual/Lesbian
   - Racial/Ethnic Minorities
   - Other

4. Youth/Young adults (12-21 years)

   - IDU's/Other Substance Users
   - Gay/Bisexual Males
   - Other

5. Women

   - Of Color
   - Lesbian
   - With Dependent Children
   - Other

6. Children (under 12 years)

   - Of Color
   - Other

7. Families

8. Immigrant/Undocumented Populations

9. Gay/Bisexual White Males

10. Transgender Communities

11. Heterosexuals

12. Persons with AIDS Dementia

13. Chronically Mentally Ill

14. Deaf/Hearing Impaired

15. Individuals 50 Years and Older

16. Incarcerated Persons

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-91

RESOLUTION ACCEPTING
STAFFING AND OPERATING COST ESTIMATES
FOR THE NEW SHERIFF'S FACILITY

WHEREAS, the Consent Decree and Orders of the Court in Stone v City and County of San Francisco directed the development of a Long-Term Plan for Medical and Psychiatric Services, to be implemented upon completion of the new 300 bed Sheriff's Facility; and

WHEREAS, on January 8, 1991, the San Francisco Health Commission approved the draft Long-Term Plan for Medical and Psychiatric Services for submission by the City Attorney to the Federal Court; and

WHEREAS, an estimate has been developed by a forensic specialist in conjunction with representatives of the Health Department, the Sheriff's Department, the City Attorney and the Mayor's Office, as to the number and type of health care staff which will be necessary to carry out the services mandated under Stone v. City and County of San Francisco; and,

WHEREAS, an estimate has also been developed of the necessary equipment and furnishing costs for the medical and psychiatric areas of the new facility; and

WHEREAS, the proposed staffing plan and estimated costs will be part of a package of material, including estimates of Sheriff's staffing costs and facility operating costs, to be forwarded to the San Francisco Board of Supervisors; and

WHEREAS, it is necessary for the Board of Supervisors to review and approve the preliminary analysis of overall anticipated staffing and operating costs in order for the City and County of San Francisco to be eligible to receive from the California State Board of Corrections $39,488,087 in available Proposition 52 state bond monies; and,

WHEREAS, the Board of Supervisors' review and approval of the proposed staffing and operating costs is subject to the Board's final budgetary review and any further decisions or actions that may be required of the Board in order to implement the staffing for this capital project program; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves the provisional staffing plan, with an approximate baseline cost of $2.1 million, and the estimate of equipment and furnishing needs, with an approximate baseline cost of $.5 million, developed in conjunction with the Long-Term Plan for Medical and Psychiatric Services; and, be it

FURTHER RESOLVED, that the Commission forwards the Staffing Plan to the City Attorney for presentation to the Board of Supervisors as part of the application process for Proposition 52 state bond monies.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, February 19, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

New Hall of Justice Medical Complex Projected Costs

Current Staffing Facility		CJ#1	CJ#1	CJ#2	CJ#2	CJ1/CJ2 1990-1991 Total FTE	CJ1/CJ2 1990-1991 Budget	CJ1/CJ2/NSF Projected FTE	CJ1/CJ2/NSF Projected Budget	Projected FTE Variance	Projected Budget Variance
2320 RN	Days	11.5	$623,406	6	$325,255	17.50	$948,661	24.6	$1,124,673	7.1	176,012
	Evenings	10	542,092	4.5	243,941	14.50	786,034	17	854,934	2.5	68,900
	Nights	5	271,046	3.5	189,732	8.50	460,778	11.3	619,942	2.8	159,164
2517 JMT	Days	1	42,949	0		1	42,949	1	42,949	0	
	Evenings	0		1	42,949	1	42,949	1	42,949	0	
	Nights	2	85,898	0		2	85,898	1.6	68,718	-0.4	-17,180
2312 LVN	Days	0		0		0		4.9	148,931	4.9	148,931
	Evenings	0		0		0		4.9	160,845	4.9	160,845
	Nights	0		0		0		3.1	101,759	3.1	101,759
Subtotal Clinical Staff		29.5	$1,565,391	15	$801,877	44.50	$2,367,268	69.40	$3,165,700	24.9	$798,432
2328 Nurse Practitioner		1.34	$85,974	0.33	$21,173	1.67	107,146	6.15	343,009	4.48	235,863
2230 Physician Specialist		0.75	61,192	0.25	20,397	1	81,589	1	81,589	0	
2233 Supervising Physician Specialist		0.28	25,775	0.25	23,014	0.53	48,789	0.53	48,789	0	
Subtotal MD and NP Staff		2.37	$172,941	0.83	$64,584	3.20	$237,524	7.68	$473,387	4.48	$235,863
2350 Instructor of Nursing		0.25	18,478	0.25	18,478	0.5	36,956	0.5	36,956	0	
2324 Nursing Supervisor		0.25	19,613	0.25	19,613	0.5	39,226	0.5	39,226	0	
2324 Nursing Supervisor (Program Mgr)		0		0		0		1	78,452	1	78,452
2322 Head Nurse (Asst Program Mgr)		1	$64,724	1	$64,724	2	129,448	1	64,724	-1	-64,724
2323 CNS (QA/Risk Mgmt)		0		0		0		0.5	38,838	0.5	38,838
1428 Ward Clerk		1	31,081	1	31,081	2	62,162	14	367,676	12	305,514
1424 Clerk Typist		2	54,409	0		2	54,409	0		-2	-54,409
1425 Sr. Clerk Typist		2	56,064	0		2	56,064	0		-2	-56,064
1446 Secretary II		0		0		0		1	29,406	1	29,406
2110 Medical Records Clerk		2	59,950	1	29,975	3	89,924	7.4	214,384	4.4	124,460
2117 Chief Medical Records Administrator		1	53,062	0		1	53,062	1	53,062	0	
2202 Dental Aide		0		0.68	22,047	0.68	22,047	0.6	15,647	-0.08	-6,400
2210 Dentist		0		0.5	37,871	0.5	37,871	0.6	41,059	0.1	3,188
2232 Sr. Physician Specialist		0.19	16,276	0.19	16,276	0.38	32,551	0.38	32,551	0	
2409 Pharmacy Technician		0.5	17,466	0.5	17,466	1	34,931	2.85	87,809	1.85	52,878
2450 Pharmacist		0.5	25,995	0		0.5	25,995	1.65	78,722	1.15	52,727
2453 Supervising Pharmacist		0.25	14,551	0.25	14,551	0.5	29,102	0.5	29,102	0	
2920 Medical Social Worker		0.5	20,429	0.5	20,429	1	40,858	2	77,532	1	36,674
Central Office Staff (Non-Nursing)		2.00	113,440	1.87	103,339	3.87	216,779	3.87	216,779	0	
Subtotal Support Staff		12.94	$565,537	7.49	$395,848	21.43	$961,385	39.35	$1,501,925	17.92	540,540
Total Salaries		44.81	$2,303,868	23.32	$1,262,310	69.13	$3,566,178	116.43	$5,141,012	47.30	$1,574,834
Salary Savings			-140,443		-73,833		-214,276		-308,461		-94,185
Net Salaries		44.81	$2,163,425	23.32	$1,188,477	69.13	$3,351,902	116.43	$4,832,551	47.30	$1,480,650
Operating Costs:											
Overtime			$28,982		$14,736		43,718		58,463		14,745
Holiday Pay			49,717		25,280		74,996		100,291		25,295
Temporary Salaries			273,572		139,104		412,676		488,629		75,953
Mandatory Fringe Benefits			623,588		327,215		950,804		1,356,887		406,083
Other Operating Expense			325,384		171,058		496,441		715,671		219,230
Total Jail Medical Services		44.81	$3,464,667	23.32	$1,865,870	69.13	$5,330,537	116.43	$7,552,493	47.30	$2,221,956
Jail Psychiatric Services		13.20	608,414	8	368,736	21.20	977,150	19.9	917,230	-1.30	-59,920
Forensic AIDS Project Grant		2.25	58,829	2.25	58,829	4.5	117,658	4.5	117,658	0	
Total Forensic Services		60.26	$4,131,910	33.57	$2,293,435	94.83	$6,425,345	140.83	$8,587,381	46.00	$2,162,036

Note: Hall of Justice Medical Complex will include clinics at CJ#1, CJ#2 and New Sheriff's Facility (NSF)

Attachment B

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-91

RESOLUTION ON A POLICY REGARDING HIV
INFECTED HEALTH CARE WORKERS

WHEREAS, all health care facilities should have policies and procedures to provide ongoing training in universal precautions and infection control for all employees to ensure proper practice of these measures and periodically review infection control practices and procedures to ensure compliance with these procedures; and

WHEREAS, policies and procedures should be in place to ensure that all individuals, including health care workers who are at risk behaviorally or occupationally for HIV infection, should be encouraged to seek counseling, testing, and medical evalnation for HIV infection; and medical follow-up for HIV-infected health care workers should include determination of functional ability to comply with infection control guidelines; and

WHEREAS, health care facilities should have a standard mechanism of reporting any unusual incident that may have put either a health care worker or a patient of the institution at risk for a blood-borne pathogen such as HIV; and

WHEREAS, in the event that any institution find itself clinically or ethically obliged to disclose information on the health status of a worker, it must only do so after written consent of the worker and every precaution should be taken to assure the confidentiality of the worker; and

WHEREAS, any rules and regulations should be in compliance with health care workers' right to confidentiality and protection against discrimination in the work place provided for under California State Law and should respect the protections guaranteed to HIV-infected individuals by the Americans with Disabilities Act; and

WHEREAS, the Department of Public Health has an obligation to reassure the public that it has taken appropriate precautions for public safety; and

WHEREAS, the Department of Health for the States of California and New York and the University of California, San Francisco, have recently reviewed their policies regarding the possible HIV infected health care workers, and reaffirmed that scrupulous infection control and universal precautions are the most appropriate means of assuring the public safety, and rejected the need to test all health care workers for HIV infection as impractical and inappropriate; and

WHEREAS, the Health Commission finds that the policy of rigorous adherence to universal precautions and infection control practices is the most appropriate strategy to protect patients from accidental infections; now, therefore, be it

RESOLVED, that in accordance with the scientific evidence offered by health care expertise such as the University of California, San Francisco, and the Departments of Health of the State of California and the State of New York, the risk posed by HIV-infected health care personnel who comply with infection control does not warrant exclusion or restriction from patient care activities, including performing procedures for which they are qualified and capable; and, be it

FURTHER RESOLVED, that the Health Commission finds that no routine testing or restriction of health care personnel for HIV are practical, necessary, or appropriate; and, be it

FURTHER RESOLVED, that the Health Commission of San Francisco City and County directs the Director of Public Health to develop and institute any policies and procedures necessary to implement this resolution.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, February 19, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment C

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-91

EMERGENCY RESOLUTION OF THE HEALTH COMMISSION
TO REQUEST FUNDS FOR THE MOUNT ZION CRISIS CLINIC
WHICH IS SCHEDULED TO CLOSE MARCH 1, 1991

WHEREAS, the Health Commission is committed to the development of a comprehensive psychiatric emergency service system for the City and County of San Francisco; and,

WHEREAS, the Health Commission also acknowledges the serious financial constraints imposed by Federal and State budgets; and,

WHEREAS, in response to the Board of Supervisors' Resolution #30-91-1, representatives of the Health Commission met with representatives of Mount Zion Health Systems Board and the University of California at San Francisco on February 19, 1991; and,

WHEREAS, the Mount Zion Health Systems Board is unable to commit any further financial assistance to the Mount Zion Crisis Clinic and had made a decision to close March 1, 1991; and

WHEREAS, the University of California at San Francisco is willing to provide some limited "in kind" support for the Mount Zion Crisis Clinic; therefore, be it

RESOLVED, that the Health Commission direct that between March 1 and April 1, 1991 the Department staff along with Mount Zion Crisis Clinic staff finalize what the future role of the Clinic might be in a restructured comprehensive psychiatric emergency service system; and, be it

FURTHER RESOLVED, that the Health Commission will request a supplemental to fund the Crisis Clinic from March 1 to April 1, 1991 at the current level of operations, and to fund the Crisis Clinic from April 1 to July 1, 1991 at a level necessary for transition or closure of the program effective on or before July 1, 1991.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, February 19, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment D

HEALTH COMMISSION

TY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health
101 Grove Street
San Francisco, California 94102

Documents Department
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Civic Center
San Francisco, CA 94102

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

SF
H20
#1
3/5/91

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

Tel.: (415) 554-2666

SF

AGENDA
HEALTH COMMISSION

Tuesday, March 5, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

DOCUMENTS DEPT.
MAR 1 1991
SAN FRANCISCO
PUBLIC LIBRARY

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF REGULAR MEETING OF FEBRUARY 19, 1991**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Paul Rosenstiel)

(3.1) Semi-annual report on the Department of Public Health Budget for FY 1990-91 (Susan Ehrlich).

(3.2) Request approval for a supplemental appropriation not to exceed $396,6000 to address emergency asbestos abatement needs and to mitigate other existing asbestos conditions at Laguna Honda Hospital. Projected savings in salary accounts will provide the source of funds.

(3.3) Presentation of FY 1989-90 final management letter comments and recommendations that relate to Laguna Honda Hospital.

(3.4) CPHS - Health Promotion - AB 75 Tobacco Control Project - A new contract with The Community Board Program in the amount of $79,129, to provide tobacco use prevention and cessation services to African American, Latino and Asian American families and their children for the period of March 1, 1991 through February 29, 1992.

(3.5) CPHS - Health Promotion - AB 75 Tobacco Control Project - A new contract with Asian American Recovery services, Inc. (Pilipino Early Intervention project-PEIP) in the amount of $80,000, to provide tobacco use prevention services to Pilipino youth and their families for the period of March 15, 1991 through March 14, 1992.

(3.6) CPHS - Health Promotion - AB 75 Tobacco Control Project - A new contract with Bay Area Addiction Research and Treatment B.A.A.R.T.) in the amount of $80,000, to provide tobacco use cessation services to substance abuse services clients, staff and their families for the period of March 15, 1991 through March 14, 1992.

(3.7) CO - Administration - Request to accept and expend a grant in the amount of $55,060 from the State Department of Health Services, to provide materials and resources identifying health services available to lawful temporary residents of San Francisco for the period of April 1, 1991 through December 31, 1991, and a sole source request with the Coalition for Immigration Rights and Refugee Services (CIRRS), in the amount of $12,906, to provide technical assistance and consultation services for the period of July 1, 1991 through December 31, 1991.

(3.8) CPHS - Administration - Request to accept and expend as a sub-grantee, a grant in the amount of $86,127 from the Department of Health and Human Services, to provide HIV-related services at community clinics for the period of January 1, 1991 through December 31, 1991.

(3.9) CO - AIDS - Renewal contract with Bayview Hunter's Point Foundation in the amount of $282,375, to provide AIDS education and prevention services to African Americans, American Indian and gay/bisexual male injection drug users not in treatment for the period of July 1, 1990 through June 30, 1991.

(3.10) DMSF - CMHS - Adult Acute Services - Renewal contract with Saint Francis Memorial Hospital in the amount of $336,960, to provide 24-hour acute psychiatric inpatient services to adult patients for the period July 1, 1990 through June 30, 1991.

(3.11) DMSF - CMHS - Child, Adolescent & Family Services - First modification to the contract with Edgewood Children's Center in the amount of $36,911, to increase community outreach services for the period of July 1, 1990 through June 30, 1991.

(3.12) Request for approval of a one year lease extension at 35 Onondage (a City-owned facility) for St. Mary's Hospital Adult Day Health Care Program.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

Tel.: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING TUESDAY, MARCH 5, 1991 3:00 P.M. 101 Grove Street, Room 300 San Francisco, CA 94102

MAR 15 1991
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1) CALL TO ORDER

The meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:30 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.

Absent: Commissioner Patricia R. Underwood, R.N., D.N.Sc.

President Sanchez welcomed our new Commissioner Margel F. Kaufman, who was appointed by the Mayor to replace Rosabelle Tobriner.

2) APPROVAL OF MINUTES OF REGULAR MEETING OF FEBRUARY 19, 1991

Action Taken: The Commission adopted the minutes of February 19, 1991 with the correction that Commissioner Chow, in the absence of Commissioner Rosenstiel, presented the Consent Calendar of the Budget Committee to the full Commission.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Semi-annual report on the Department of Public Health Budget for FY 1990-91 (Susan Ehrlich).

(3.2) Request approval for a supplemental appropriation not to exceed $350,300 to address emergency asbestos abatement needs and to mitigate other existing asbestos conditions at Laguna Honda Hospital. Projected savings in salary accounts will provide the source of funds.

(3.3) Presentation of FY 1989-90 final management letter comments and recommendations that relate to Laguna Honda Hospital.

(3.4) CPHS - Health Promotion - AB 75 Tobacco Control Project - A new contract with The Community Board Program in the amount of $79,129, to provide tobacco use prevention and cessation services to African American, Latino and Asian American families and their children for the period of March 1, 1991 through February 29, 1992.

Public Speaker: Terry Amsler, Community Board Executive Director

This item was continued to the next meeting due to questions of what are the deliverables of the program and how will the program be implemented.

(3.5) CPHS - Health Promotion - AB 75 Tobacco Control Project - A new contract with Asian American Recovery services, Inc. (Pilipino Early Intervention project-PEIP) in the amount of $80,000, to provide tobacco use prevention services to Pilipino youth and their families for the period of March 15, 1991 through March 14, 1992.

(3.6) CPHS - Health Promotion - AB 75 Tobacco Control Project - A new contract with Bay Area Addiction Research and Treatment B.A.A.R.T.) in the amount of $80,000, to provide tobacco use cessation services to substance abuse services clients, staff and their families for the period of March 15, 1991 through March 14, 1992.

(3.7) CO - Administration - Request to accept and expend a grant in the amount of $55,060 from the State Department of Health Services, to provide materials and resources identifying health services available to lawful temporary residents of San Francisco for the period of April 1, 1991 through December 31, 1991, and a sole source request with the Coalition for Immigration Rights and Refugee Services (CIRRS), in the amount of $12,906, to provide technical assistance and consultation services for the period of July 1, 1991 through December 31, 1991.

(3.8) CPHS - Administration - Request to accept and expend as a sub-grantee, a grant in the amount of $86,127 from the Department of Health and Human Services, to provide HIV-related services at community clinics for the period of January 1, 1991 through December 31, 1991.

Commissioner Chow requested a breakdown of services to be provided by members of the San Francisco Community Clinic Consortium.

Public Speaker: Marvis Phillips, former District #4, C.A.B.

(3.9) CO - AIDS - Renewal contract with Bayview Hunter's Point Foundation in the amount of $282,375, to provide AIDS education and prevention services to African Americans, American Indian and gay/bisexual male injection drug users not in treatment for the period of July 1, 1990 through June 30, 1991.

Commissioner Gray commented on the need to have the evaluation teams reflective of the diversity of the community.

(3.10) DMSF - CMHS - Adult Acute Services - Renewal contract with Saint Francis Memorial Hospital in the amount of $236,960, to provide 24-hour acute psychiatric inpatient services to adult patients for the period July 1, 1990 through June 30, 1991.

Commissioner Kaufman commented on the possibility of the contractor to change its bylaws.

Commissioner Rosenstiel would like to see an improvement with compliance to the Commission's policy on the Board composition.

Commissioner Chow abstained on this item due to to his role as an active member of the St. Francis medical staff who votes on the Board membership.

(3.11) DMSF - CMHS - Child, Adolescent & Family Services - First modification to the contract with Edgewood Children's Center in the amount of $36,911, to increase community outreach services for the period of July 1, 1990 through June 30, 1991.

(3.12) Request for approval of a one year lease extension at 35 Onondaga (a City-owned facility) for St. Mary's Hospital Adult Day Health Care Program.

Commissioner Rosenstiel reported to the full Commission that the semi-annual report on the Department's FY 1990-91 budget, in general, showed that the budget is on target; revenues are coming in; and expenditures are below budget. By the end of the fiscal year, the Department will be within the budget with a possible surplus.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.4, which was continued to the next Budget Committee meeting. Commissioner Chow abstained on #3.10.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

AIDS OFFICE

- CDC Hearing - HIV Infected Health Care Workers: The CDC held a meeting last week to receive public and scientific input on the issue of HIV infected health care workers. The testimony was overwhelmingly opposed to both mandatory testing of health care workers and/or the restriction of HIV infected health care workers from performing invasive procedures. Commissioner Pierre Ludington testified on behalf of the San Francisco Department of Public Health, in addition to Dr. Merle Sande and Dr. Julie Gerberding from SFGH. All testimony emphasized the need for ongoing training and compliance with universal precautions and other state of the art infection control procedures. Official CDC recommendations are still pending.

- Prevention and Education Augmentation: The CDC has announced an augmentation to the Prevention and Education Cooperative Agreement with San Francisco. The AIDS Office received a call yesterday that approximately $938,000 can be expected in a one-time supplemental award. More details will be forthcoming in the next two weeks.

- Asian/Pacific AIDS Coalition: A press briefing was held on February 27 to discuss the preliminary findings of the AIDS Office on Asian and Pacific Islanders infected with HIV. Panelists in the press briefing included: Commissioner Edward Chow, M.D. and Dr. Sophia Chang, AIDS Office Branch Chief of Health Services.

- Branch Chief, AIDS Office Research: Dr. Mitchell Katz has been hired as Branch Chief of the AIDS Office Research Branch. In this capacity, Dr. Katz's primary responsibility will be to act as principle investigator of the San Francisco Hepatitis B Cohort Study.

SAN FRANCISCO GENERAL HOSPITAL

- Executive Director Search: The extensive search process for the new Executive Director for the hospital has been narrowed to four highly qualified individuals. Two candidates were interviewed last week and two candidates will be interviewed this week by the Search Committee. The interviews have been preceded by a two hour hospital tour and followed by a meeting with me.

- Trauma Center Designation: The EMS Agency has received the report of the Verification/Consultation Review Committee of the American College of Surgeons recommending San Francisco General Hospital as a Level I Trauma Center for both adult and pediatric trauma. The EMS Agency has designated the hospital as a Level I Trauma Center as of February 11, 1991. I have asked Ms. Phyllis Harding, Acting Executive Director of SFGH to comment on the Trauma Center Verification Report before I forward a copy of the Report to the Health Commission.

- Consolidation of Nursing Units: Over the last 6 months, San Francisco General Hospital, along with other hospitals in the City, has experienced a decrease in census. In order to manage resources most efficiently, two nursing units - 3B and 3D have been consolidated. The hospital will continue to monitor the trends in utilization.

- Patient Self-Determination Act: The Patient Self-Determination Act was passed in the Budget Reconciliation Act of 1990. Hospitals and health plans participating in Medicare/Medicaid will be required to develop policies and procedures for the implementation of advanced directives by December 1991.

  San Francisco General's Ethics' Committee has begun to develop guidelines, patient education material and a training program for providers. The hospital will also coordinate activities with Laguna Honda (where this policy is already in effect) and with the primary care network. The intention of the Act is to make advanced directives part of routine patient care both inpatient and outpatient.

- Ambulance Fleet: Dr. Charles Saunders, Medical Director of the Paramedic Division reports that 8 much awaited new ambulances have begun to arrive. Instead of the usual practice of relinquishing old vehicles as replacements are received, at the request of Dr. Saunders, I have asked the Purchaser to allow the Department to retain 3 additional vehicles as backup reserve units. Currently the fleet consists of 18 ambulances, 14 staffed ambulances and 4 in reserve. This will insure that an adequate number of reserve units are available to replace vehicles for repairs and maintenance. There will be no additional cost since there is adequate equipment to stock the additional vehicles.

LAGUNA HONDA HOSPITAL

- Asbestos Abatement: The hospital previously identified the problem of asbestos and the Department confirmed the need for abatement. I authorized Laguna Honda to prepare the supplemental appropriation that is before the Health Commission today (Item 3.2) to mitigate existing asbestos conditions.

  Subsequent to this, Laguna Honda Hospital received an unannounced OSHA inspection on February 22 and 28 in response to a complaint. The inspection involved the boiler plant, where preparation for asbestos abatement is in

progress, and the utility tunnels under the hospital buildings where asbestos containing materials are prevalent.

Based on the initial observations, a citation will be issued for inadequate enforcement and monitoring of the required asbestos program. The state inspector is expected to return in the few days to continue the investigation and discuss findings and recommendations with Laguna Honda staff.

The hospital's plant services department has implemented more stringent operating practices as a result of this inspection.

COMMUNITY PUBLIC HEALTH SERVICES

- Community Health Promotion Award: At the annual meeting of the Northern California Public Health Association held last week in San Francisco, Michael McGinnis, the Undersecretary of Health and Human Services officially presented the Secretary of Health and Human Services Community Health Promotion Award to the DPH Office of Senior Services, CHIPPS Project (Community and Home Injury Prevention Project for Seniors) and the San Francisco Adult Day Health Network, a private non-profit community project.

- Tom Waddell Clinic: As part of the State revenue reductions, Tom Waddell Clinic was forced to reduce operating hours by 32% in September, 1990. Since the reorganization, visits have increased by over 300, a 10% monthly increase, and the census has averaged over 3100 visits per month. Administration is evaluating the increased visits and will undertake measures to relieve the excessive strain on the staff. The Clinic is also currently undergoing remodeling activities to increase space.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Mount Zion Crisis Clinic: Following the meeting convened by Commissioners Sanchez and Underwood with representatives of the University of California/Mt. Zion and the Mt. Zion Health Systems Board, I have convened a working group consisting of staff from mental Health, SFGH Department of Psychiatry, Mt. Zion Health Systems, and the Board of Supervisors' policy analysts to develop a joint proposal for an integrated psychiatric emergency system. The group will meet weekly with me over the next month to define the respective roles and funding levels for the Department of Psychiatry and Mt. Zion Health Systems for the delivery of emergency services within the existing fiscal parameters.

  Once a joint proposal is developed, I will present the plan to a policy group consisting of representatives of the Health Commission. the Mt. Zion Health Systems Board of Directors, and UCSF. I will then make a formal recommendation to the Health Commission for your review and approval. The policy analysts will review the proposal and will report our recommendations to the Board of Supervisors' City Services Committee in time for its mid April meeting.

- Prop 96 Implementation: On February 21, the State Court of Appeals dissolved its stay of the notification procedures for HIV and Hepatitis B of jail inmates. The Department has placed these two conditions on the list of contagious diseases reportable to the Sheriff as of Monday, Feb. 25, 1991.

  As discussed previously with the Health Commission, with the concurrence by the Sheriff and the City Attorney, reporting procedures for HIV will use

two criteria: a) the patient informs jail medical staff that he or she is HIV positive; and/or b) the treatment regime to be initiated or continued makes it probable that the patient is HIV positive.

Trainings and materials will continue to underscore the considerable imprecision of this procedure for knowing with accuracy who is and is not HIV positive in the jails. Strong emphasis will remain on the use of universal body substance precautions.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Clean Water Program: The Clean Water Program of the Department of Public Works is seeking to minimize the quantity of hazardous waste entering the sewer system and the ocean in order to comply with federal standards. DPW has asked the Health Department to provide a hazardous materials/waste training program designed to educate public and private waste generators about their responsibilities for pollutant control measures. Funding for the program will be provided by DPW.

- Employee Wellness Program: The Mayor will be sending a memo to City Hall Department Heads and the Board of Supervisors to inform them of the Employee Wellness Program to be conducted by Windom Health Enterprises under contract with the Department of Public Health. Approximately 1,000 employees from City Hall and DPH Central Office will be participating in the pilot program during the first year. The first phase of the Pilot Employee Wellness Program will be a Health Fair conducted during the week of March 25 through March 29 in the Van Ness Court in City Hall.

CENTRAL OFFICE ADMINISTRATION

- Meeting with Local Foundations: Last week I met with program officers of several local foundations at a luncheon arranged by the San Francisco Foundation. It was an excellent opportunity to get acquainted with local health grant makers and discuss their concerns regarding health care issues that face the City. I will be following-up on some innovative strategies for public-private partnerships that were discussed.

- Condolences: Last Thursday, Joseph Mignola III, the 31 year old police officer son of Joseph Mignola, Jr. died of cardiac arrest. Joseph Mignola, Jr. was an employee of the Health Department for over 30 years and remains actively involved with North of Market Senior Services since his retirement 7 years ago. Services were held this morning. Memorial gifts can be made to the Police Athletic League or your favorite charity. The Health Department joins many friends and former co-workers in offering condolences to the Mignola family.

FEBRUARY STATISTICS

- AIDS Statistics (from 7/1/81 to 2/28/91)

Total San Francisco cases:	10,058
Total San Francisco deaths:	6,941
Total S.F. cases for February:	189
Total S.F. deaths for February:	167

On February 14, 1991, the 10,000th AIDS case in San Francisco was reported to the Department of Public Health. San Francisco has the highest per capita incidence of AIDS among cities in the United States, and AIDS is the third leading cause of death in San Francisco after heart disease and cancer.

- Laguna Honda Hospital

Average Daily Census:	1,087
Acute Med/Surg:	5
Acute Rehab:	5
Secured Wards:	63
Clarendon Hall:	168
AIDS SNF:	8

Mental Health

SFGH/Acute Psychiatric Beds:	74
(23 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	0

All other statistics will be reported at the next regular meeting of the Health Commission.

Commissioner Chow inquired as to the Department's budget status for FY 1991-92. Dr. Baxter reported that he will be receiving a formal request from the City on further Department reductions. He estimates the reduction to be substantial. Meanwhile, the Department is continuing to plan at the $21 million reduction level; and Dr. Baxter continues to meet with his Department of Public Health Budget Advisory Committee. The main issues being discussed are: 1) ways to increase revenues; 2) analysis of administrative costs; 3) re-looking at fee structures for persons who can afford to pay; and 4) ranking of program priorities. Dr. Baxter is moving away from the concept of across-the-board cuts and is requesting the kinds of financial analyses never before done in the Department. President Sanchez reported that at a future Commission meeting, the Department's budget priorities will be presented.

In response to Commissioner Gray's inquiry on the lower census at San Francisco General Hospital, Phyllis Harding, Acting Executive Administrator of San Francisco General Hospital, reported that staff is looking at the impact of the lower census by considering potential consolidation of patient care units. The Joint Conference Committee of the San Francisco General Hospital is looking at any policy implications.

Commissioner Ludington expressed his concern on the issue of fees to be paid by persons who can pay; and that there are individuals who can afford to pay for services but are receiving free services. As he indicated in his Director's Report, Dr. Baxter is looking at all of the components of this issue and will come up with a plan to present to the Commission.

5) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: John O'Brien

Commissioner Gray commented on the need to look at the potential loss of board and care homes in the City and its impact on our mental health system.

President Sanchez appointed Commissioner Kaufman to the Joint Conference Committee of Laguna Honda Hospital, which is chaired by Commissioner Gray.

The meeting was adjourned at 4:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

HEALTH COMMISSION

Y AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

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Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

Tel.: (415) 554-2666

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MAR 15 1991

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AGENDA
HEALTH COMMISSION

Tuesday, March 19, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF REGULAR MEETING OF MARCH 5, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Request approval of resolution to reimburse employees for wages or claims for reimbursement never presented for payment.

(3.2) Consideration of the San Francisco County Short-Doyle Plan for Mental Health Services, FY 1990-91 (Part B).

(3.3) Request for a supplemental appropriation of $175,029 from the EMS Fund (SB 12/612) for the purposes of: a) fund administration; and b) EMS projects.

(3.4) CPHS - Health Promotion - AB 75 Tobacco Control Project - Continuance in the consideration of a new contract with The Community Board Program in the amount of $79,129, to provide tobacco use prevention and cessation services to African American, Latino and Asian American families and their children for the period of March 1, 1991 through February 29, 1992.

(3.5) CPHS - Family Health - Request to accept and expend a new grant in the amount of $4,000,000 from the State Department of Alcohol and Drug Programs, to provide expanded services to alcohol and drug abusing pregnant and parenting women and their children for the period of February 1, 1991 through January 31, 1994.

(3.6) CO - Administration - Request to accept and expend a continuation allocation in the amount of $600,000 from the State Department of Health Services, to provide reimbursement to the county for costs of health care for persons legalized under provision of the Immigration Reform and Control Act (IRCA) for the period of July 1, 1990 through June 30, 1991.

(3.7) CO - AIDS - Request to accept and expend a new grant in the amount of $6,319,965 from the Health Resources and Services Administration to fund the

Comprehensive AIDS Resources Emergency (CARE) Disaster Relief Supplemental Grant for the period of April 4, 1991 through April 3, 1992.

(3.8) CO - AIDS - Request for sole source approval and a new contract with the following consortium: Ene Advertising (fiscal agent), Latino Family Alcoholism Counseling Center (LAFCC), Community United in Response to AIDS (CURAS) and Mission Neighborhood Health Center (MNHC) in the amount of $67,078, to provide HIV education/prevention services to injection drug users (IDU's) and the general Latino Community for the period of April 1, 1991 through June 30, 1991.

(3.9) DMSF - CSAS - First modification to the contract with the Regents of the University of California, San Francisco, Program for AIDS Counseling and Education in the amount of $261,811, to provide outpatient AIDS substance abuse treatment services with methadone maintenance for the period of July 1, 1990 through June 30/91.

(3.10) DMSF - CSAS - Request to approve a Resolution and an Agreement with Institute for Advanced Driver Education and Training, Inc., to provide assessment, education, counseling and referral services to persons convicted of first offense driving under the influence of alcohol and/or drugs for the period of July 1/90 through June 30/94.

(3.11) DMSF - CSAS - Request to approve a Resolution and an Agreement with National Council on Alcoholism and Other Drug Addictions - Bay Area, Inc., to provide assessment, education, counseling and referral services to persons convicted of first offense driving under the influence of alcohol and/or drugs for the period of July 1, 1990 through June 30, 1994.

(3.12) DMSF - CSAS - Request to approve a Resolution and an Agreement with Driver Performance Institutes, Inc., to provide assessment, education, counseling and referral services to persons convicted of first offense driving under the influence of alcohol and/or drugs for the period of July 1, 1990 through June 30, 1994.

(3.13) DMSF - CMHS - Child & Family - Renewal contract with MSC Psychiatric Services Corporation in the amount of $288,794, to provide adolescent day treatment services for the period of July 1, 1990 through June 30, 1991.

(3.14) DMSF - CMHS - Child & Family - Renewal contract with St. Mary's Hospital and Medical Center (dab McAuley Neuropsychiatric Institute) in the amount of $196,274, to provide child and adolescent inpatient, partial hospitalization and outpatient services for the period of July 1, 1990 through June 30, 1991.

(3.15) MSF - CMHS - Adult Community - First modification to the contract with the Regents of the University of California, SFGH, Dept. of Psychiatry, in the amount of $111,300, to increase Case Management Services and add a Short-Term Psychiatric Emergency Services team for the period January 1, 1991 through June 30, 1991.

(3.16) Department of Public Health budget update and discussion of budget principles for FY 1991-92.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Flo Stroud, M.N., M.P.H. for Raymond J. Baxter, Ph.D.)

5) **CONSIDERATION OF APPROVAL OF THE MENTAL HEALTH SKILLED NURSING FACILITY PLAN.**

6) **CONSIDERATION OF A POLICY ON THE EMERGENCY MEDICAL SERVICES FUND (SB 12).**

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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MINUTES OF THE HEALTH COMMISSION MEETING TUESDAY, MARCH 19, 1991 3:00 P.M. 101 Grove Street, Room 300 San Francisco, CA 94102

1) CALL TO ORDER

The meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) APPROVAL OF MINUTES OF REGULAR MEETING OF MARCH 5, 1991

Action Taken: The Commission adopted the minutes of March 5, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Paul Rosenstiel)

(3.1) Request approval of resolution to reimburse employees for wages or claims for reimbursement never presented for payment.

(3.2) Consideration of the San Francisco County Short-Doyle Plan for Mental Health Services, FY 1990-91 (Part B).

(3.3) Request for a supplemental appropriation of $171,260 from the EMS Fund (SB 12/612) for the purposes of: a) fund administration; and b) EMS projects.

This item was referred to the full Commission under Agenda item #6.

(3.4) CPHS - Health Promotion - AB 75 Tobacco Control Project - Continuance in the consideration of a new contract with The Community Board Program in the amount of $79,129, to provide tobacco use prevention and cessation services to African American, Latino and Asian American families and their children for the period of March 1, 1991 through February 29, 1992.

(3.5) CPHS - Family Health - Request to accept and expend a new grant in the amount of $4,000,000 from the State Department of Alcohol and Drug Programs, to provide expanded services to alcohol and drug abusing pregnant and parenting women and their children for the period of February 1, 1991 through January 31, 1994.

(3.6) CO - Administration - Request to accept and expend a continuation allocation in the amount of $600,000 from the State Department of Health Services, to provide reimbursement to the county for costs of health care for persons legalized under provision of the Immigration Reform and Control Act (IRCA) for the period of July 1, 1990 through June 30, 1991.

(3.7) CO - AIDS - Request to accept and expend a new grant in the amount of $6,319,965 from the Health Resources and Services Administration to fund the Comprehensive AIDS Resources Emergency (CARE) Disaster Relief Supplemental Grant for the period of April 4, 1991 through April 3, 1992.

Quarterly reports will be provided to the Health Commission.

(3.8) CO - AIDS - Request for sole source approval and a new contract with the following consortium: Ene Advertising (fiscal agent), Latino Family Alcoholism Counseling Center (LAFCC), Community United in Response to AIDS (CURAS) and Mission Neighborhood Health Center (MNHC) in the amount of $67,078, to provide HIV education/prevention services to injection drug users (IDU's) and the general Latino Community for the period of April 1, 1991 through June 30, 1991.

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(3.16) Department of Public Health budget update and discussion of budget principles for FY 1991-92.

This item was referred to the full Commission.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for items #3.3 and #3.16, which were referred to the full Commission.

(3.16) Department of Public Health budget update and discussion of budget principles for FY 1991-92.

Susan Ehrlich, Budget Director, reported that the Controller has indicated that the City will have a deficit (about $10 million) for this current fiscal year due to a shortfall in revenues from the payroll and vehicle taxes. The City will, therefore, have a more stringent hiring freeze and a freeze on capital costs and supplementals. DPH has some pending supplementals (i.e., asbestos, pharmaceuticals and MICRS) which may now be difficult to get approved.

For FY 1991-92, the Mayor has asked all Departments to present options for reductions but not giving a specific dollar amount. The Department is looking at a range between $8-1/2 to $17 million, which does not include State budget reductions. Information from the State may come between May and August.

The schedule for the Commission on the FY 1991-92 budget will be the following:

March 26, 1991 - 3:00 p.m. 101 Grove, Rm. 300 San Francisco	Budget Principles and Targets for Reduction Options for Department of Public Health FY 1991-92.
April 2, 1991 - 3:00 p.m. Bd. of Supervisors' Chamber City Hall, San Francisco	Presentation of Budget Reduction Options for Department of Public Health FY 1991-92.

(This will be a public hearing. The Commission will hear public testimony).

April 9, 1991 - 3:00 p.m. 101 Grove, Rm. 300 San Francisco	Consideration of Approval of Budget Reduction Options for Department of Public Health FY 1991-92.

(No public testimony at this meeting).

Ms. Ehrlich discussed, in general, the budget principles but emphasized that these are not yet definite. Discussions are going on with the Department of Public Health Executive Staff and the Department of Public Health Budget Advisory Committee. In general, the budget principles will provide a framework for proposing reductions. One set of principles will guide the Department in maintaining service volume by maximizing revenues and reducing the cost of providing services. A second set of principles will describe the conditions to meet in order to carry out mandates and to serve the highest priority population.

1) Maintain services by maximizing revenues.

- maximize all revenues
- reduce administration and operating costs
- consolidate services whenever practical and appropriate to preserve service by reducing costs
- establish accountability to provide services

2) Conditions to meet mandates and to serve high priority populations.

- preserve services to poor people with no other access to care
- assure equity of access to vulnerable populations (financial, geographic, cultural, linguistic)
- emphasize prevention and ambulatory services in order to minimize acute levels of care
- preserve essential trauma and emergency services
- preserve skilled nursing level of care
- satisfy basic requirements of legal mandates

Ms. Ehrlich will bring a finalized set of principles for consideration at the March 26, 1991 special Health Commission meeting.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Flo Stroud, M.N., M.P.H. for Raymond J. Baxter, Ph.D.)

AIDS OFFICE

- AIDS Drug Program Update: As of March 15, 1991, the State Office of AIDS is implementing the requirements of State Law 1724. This changes the income eligibility for the drug program from $40,000 annual gross income to $50,000. It also requires a co-payment for persons whose gross income exceeds $26,000 (four times the federal poverty level) but is under the $50,000 eligibility cap.

  SFGH pharmacy and billing departments are working in conjunction with the AIDS Office to implement these new eligibility requirements. As the Commission is aware, there are no administrative costs allowable under this State program; therefore, implementation of the co-payment system will have no mechanism for compensation. A new eligibility worker (1.0 FTE) will be hired at SFGH for the purpose of verifying income eligibility and co-payments where applicable. Funds for this new position will come from the General Fund AIDS Supplemental which has been approved by the Health Commission (and Board of Supervisors).

  While eligibility verification will insure that the limited funds available for this program from the State are used to provide drugs at no cost to the most financially in need, compliance with the co-payment requirement may create an incentive for patients to "spend down" assets in order to be eligible for the therapies (AZT and/or Aeropent) at no cost. Program accessibility is becoming more difficult for all AIDS Drug Program enrollees as income verification will be required monthly instead of quarterly, with income verification by pay stub or State income tax form.

  The hospital is discussing ways to implement the co-payment requirement. There will be a two week phase-in and no patients will be turned away during the next two weeks.

- Associate Director: The AIDS Office is pleased to announce that Mr. Jimmy Loyce, M.S., MFCC, has accepted the position of Associate Director. Mr Loyce is returning to the Health Department where he worked for five years as Assistant Director for Community Substance Abuse. More recently, Mr. Loyce has served as Co-Director of the Multi Service Centers under the Department of Social Services. Mr. Loyce began working with the AIDS Office as of today.

- HIV and Tuberculosis: There has been a recent outbreak of tuberculosis at Peter Claver Community HIV Residential Program. During the past four months, five cases of Mycobacterium Tuberculosis have been definitively diagnosed. These cases are being managed at SFGH in coordination with the TB Clinic. Dr. Gisela Schecter in conjunction with the AIDS Office has been working closely with the Peter Claver program to screen all residents and staff who have been exposed and to make appropriate recommendations for Isoniazid prophylaxis to known PPD converters and to immunocompromised staff and residents. With appropriate screening, prophylaxis, treatment and follow-up, no further outbreaks should occur.

  In October 1990, the AIDS Office began requiring the implementation of TB screening protocols for all HIV residential and day treatment programs. This protocol was consistent with current CDC recommendations for TB control. In the case of Peter Claver Community, only new residents to the program were screened in accordance with the protocol. However, because of a very low rate of client turnover in this long-term congregate living situation, many residents were admitted before the screening program was implemented.

  The AIDS Office has begun a review of both compliance and documentation with the TB screening protocol for all HIV residential programs to verify that all active clients are screened at least annually in addition to new client screening at admission. This should prevent any further outbreaks of this nature.

SAN FRANCISCO GENERAL HOSPITAL

- Occupational Infection Disease Program: Over the last year, the hospital's Occupational Infectious Disease Program has expanded its services to all Department of Health worksites. SFGH staff will provide primary prevention services, as well as appropriate care and counseling to DPH occupationally-exposed health care workers. DPH divisions have work ordered funds to SFGH for this program. The program includes:

  - primary prevention services including hepatitis screening and immunization, screening and immunization for other infectious disease prevention, work site assessment, exposure surveillance, health care worker education and training

  - post-exposure management services, including the 24 hour Needlestick (exposure) Hotline which furnishes expert advice and triage, source patient evaluation, chemoprophylaxis and immunoprophylaxis, pre and post test counseling and follow-up employee health medical care for exposure to occupational infectious diseases

  - confidentiality and adequate documentation of all accidental exposures and post exposure management

  To assure confidentiality in this innovative program, a waiver from standard Workers' Compensation requirements is in process.

Since this program has been in effect, there is a significant increase in reporting of accidental exposures. Better reporting yields a clearer picture of the health and safety issues regarding occupational exposure to infectious diseases. With this data, the work environment can be altered to increase safety and health on the job.

- Pain Management Guidelines: The hospital's Nursing Department is working with Dr. Christine Miaskowski, Associate Professor of the UCSF School of Nursing to plan for the review of the preoperative pain management guidelines for the Agency for Health Care Policy and Research (AHCPR). AHCPR is a newly created federal agency that is responsible for enhancing the quality of patient care. These guidelines are scheduled for implementation in the Fall of 1991. At SFGH, an interdisciplinary group composed of nurses, physicians and administrators will participate in the guideline review.

  History Committee: The hospital's History Committee is developing its workplan for the coming year. Last year's project was the permanent photo exhibit in the hospital's cafeteria. This year's projects will include oral histories and the installation of artifacts from the old hospital and a publication that will trace the changing mission of SFGH over the past 100 years.

LAGUNA HONDA HOSPITAL

- Laguna Honda v. Kizer Update: A preliminary injunction was granted on February 28 by the Federal District Court in Sacramento in the lawsuit to block the State Department of Health Services policy on the preferential placement and transfer of Distinct Part/Skilled Nursing Facilities patients.

  The order will: 1) prevent Medi-Cal from enforcing or applying restrictions on DP/SNF's that are any different than freestanding SNF's until or unless Health Care Financing Administration (HCFA) grants the State a waiver on patients' freedom of choice; 2) require State to process treatment authorization requests (TAR) in 30 days or less and is retroactive to any TAR being appealed. This may enable LHH to expedite admission for some patients whose admission would have been delayed under the former restrictions.

- 1987 Omnibus Reconciliation Act Update (OBRA): As previously reported, the State of California chose not to implement 1987 OBRA legislation requirements that went into effect on October 1, 1990 and took the position that its own licensing requirements were as stringent as new Federal provisions and estimated it could cost $500 million to implement OBRA 1987.

  In January, the State Department of Health Services (DHS) reluctantly notified HCFA it would proceed with OBRA implementation to avoid jeopardizing pending facility certifications that are due this year.

  In early March, HCFA sent 139 surveyors to California to survey nursing facilities using the new Federal requirements. HCFA contends this is in response to: a) California's refusal to implement OBRA; b) State pulling its staff out of Federal survey training; c) HCFA's concern that facilities might be denied payments because terms of agreement with Medicare would have expired without a survey.

  Some tentative compromise has been negotiated between HCFA and the State that will allow some flexibility in implementation. The details are not known at this time.

As Mr. Wagner reported to you last October, Laguna Honda Hospital has been preparing to implement OBRA and would included costs required to implement OBRA in the 91-92 budget. Staff is preparing an audit of implementation status to assure readiness for upcoming surveys.

- SFUSD Community Service Day: About 150 students from the San Francisco Unified School District will participate in Community Service Day at LHH on Saturday, April 27. Commissioner Gray and Mr. Wagner joined Superintendent Ramon Cortines, principals, faculty and local high school students at an orientation and reception at the hospital on March 13. Laguna Honda staff and volunteers will voluntarily supervise students in a "spring cleaning and sprucing up" of the grounds to be concluded with a barbeque on the farm for the student volunteers with food donated by Safeway, Inc.

- Community Outreach: Mr. Wagner recently addressed meetings of two community organizations, the Greater West Portal Neighborhood Association and NICOS+, a coalition of health and mental health provider organizations in the Chinatown area, to discuss Laguna Honda Hospital's programs and services as well as explain the Facility Master Planning process.

COMMUNITY PUBLIC HEALTH SERVICES

- Project Lean: The Public Health Nutrition Program participated in a February 25 press conference on Project Lean (Lowfat Eating in America Now) to promote lowfat eating among various ethnic groups with a slogan, "Cut the fat, but not the flavor." Project Lean is a collaborative program with the State Department of Health Services and the Bay Area Cancer Coalition which includes the Health Departments of the seven Bay Area Counties.

  Catherine Wong, Public Health Nutritionist was also interviewed by KNBR on guidelines for healthy eating. Public response to the press events has resulted in over 500 requests for nutrition pamphlets and recipes.

- Teen AIDS In Focus: The video, TEEN AIDS IN FOCUS, a San Francisco Department of Public Health documentary about three teens with HIV infection has been awarded the prestigious Cine Golden Eagle, the highest award an independent film can earn. TEEN AIDS IN FOCUS was selected for its excellence by the Council on International Non-theatrical Events (Cine) to represent the United States of America in international motion picture events abroad. The 1989 video was inspired by the Wedge Project.

  The video is used by hundreds of educators across the country in their HIV prevention programs, was also awarded a Silver Medal in the New York Film Festival. The video was produced by the Kenwood Group with contributions from AT&T and Chevron USA. Accompanying materials were funded by Syntex and Citicorp North America.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE

- Mount Zion Crisis Clinic Update: The meetings continue weekly with a target date of April 1 for resolution and recommendation to the Health Commission.

- Campus Grant: Last Wednesday, the San Francisco Department of Public Health and the State received notification that San Francisco was not selected as a recipient for the Campus Grant. The project was to be a joint partnership between the State, San Francisco Department of Public Health, and community based agencies for a three year $10 million annual grant of State and Federal funds to develop a CAMPUS substance abuse treatment facility in San Francisco. Although it was disappointing that the funding will not be allocated locally, the Department has been assured that Community Substance Abuse Services will continue its outstanding record of seeking additional funds and many of the components of the proposed project can be applied to future grant opportunities to expand the substance abuse residential treatment program.

  The Department thanks Commissioners Gray and Ludington for their support and personal involvement in establishing appropriate community hearings for the proposal, as well as the other Commissioners for supporting the plan.

- Waiting List Program Grant: Although it was first thought the State was not planning to direct any funds from the Federal Alcohol and Mental Health Block grant towards the Waiting List Program in 1992, the State Department of Alcohol and Drug Programs is planning to provide $15.5 million for the program. In San Francisco this results in 80% of the original award of $5.6 million for continued programming. It is expected that with the savings from start up costs statewide, other cost savings, and additional resources, full funding will be available to San Francisco in 1992.

- HIV Testing of Convicted Prostitutes: Last Thursday, the California Supreme Court lifted its stay of the implementation of Penal Code 1202.6, which provides for mandatory HIV testing of persons convicted of prostitution and certain sexual assault crimes.

  Dr. Peters will be working with the courts to ensure timely implementation of this law, with emphasis on the counseling and educational components. The Commission should be aware, however, that this law also marks the first time that the results of a positive HIV test can be used to increase the severity of a criminal sentence. The personnel and laboratory costs of this new program will be billed to the State.

BUREAU OF ENVIRONMENTAL HEALTH

- Graywater Advisory: In response to the existing drought condition and consumer inquiries, the Bureau has coordinated the development of a city-wide graywater advisory. In consultation with the Department of Public Works and the Water Department, the Bureau of Environmental Health has developed reasonable guidelines for the temporary use of household graywater. The advisory and guidelines will be used by the Mayor in his press release on water conservation scheduled for March 20. The information will also be enclosed by the Water Department with future water bills.

  Graywater is that portion of household waste water which may include sink, shower, bath and laundry waste water, but is exclusive of all toilet waste water. Graywater should never be used for potable purposes, e.g. cooking, drinking, bathing, etc.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Asbestos Abatement Project: The Bureau has received its first reimbursement from the Manville Property Damage Settlement Trust of $990.00 for a City-owned asbestos abatement project. The Bureau anticipates receiving additional reimbursements for both abatement, survey and operations and maintenance costs which have already been incurred and will be incurred in the future.

FEBRUARY STATISTICS

- San Francisco General Hospital

Inpatient		
Average Daily Census	(except newborns):	326
Newborn Nursery:		22
Actual Patient Days	(except newborns):	9,115
Newborn Nursery:		612
Admissions	(except newborns):	1,483
Newborn Nursery:		152
Average Length of Stay	(except newborns):	6
Newborn Nursery:		4
Discharge Patient Days	(except newborns):	9,537
Newborn Nursery:		552
Discharges	(except newborns):	1,482
Newborn Nursery:		154
Outpatient Visits		
Primary Clinics		
Family Health:		2,678
General Medicine:		1,881
Pediatric:		3,433
OB/GYN:		2,119
Specialty Clinics:		10,697
Emergency Room Visits:		5,555

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
Health Center #1	2,074	1,031	3,105
Health Center #2	485	286	771
Health Center #3	1,344	601	1,945
Health Center #4	806	944	1,750
Health Center #5	1,254	396	1,650
Potrero Hill H.C.	371	655	1,026
Southeast H.C.	218	924	1,142
Tom Waddell Clinic	N/A	2,985	2,985
Youth Guidance Ctr.	3,348	376	3,724
Huckleberry House	34	102	136
Larkin St. Youth Ctr.	89	245	334
Log Cabin	54	79	133
TOTAL	10,077	8,624	18,701

Disease Control Visits:	
STD Clinic	2,101 patients
TB Clinic	2,100 patients

Paula Jesson, Deputy City Attorney, introduced Virginia Elizondo who will be working with Paula on legal aspects of health and social service issues. This is the City Attorney's effort to have a unit specifically for health and social services.

5) CONSIDERATION OF APPROVAL OF THE MENTAL HEALTH SKILLED NURSING FACILITY PLAN

Phyllis Harding, Acting Executive Administrator of San Francisco General Hospital, presented the following progress on the Mental Health Skilled Nursing Facility:

1) Refinement of physical plant plans including both interior configurations as well as exterior design.

2) Stage II approval of the exterior design and landscape plans by the Civic Design Committee of the Arts Commission.

3) Transfer of the triangle portion of McKinley Square adjacent to the facility site from Recreation and Park Department to the Health Dept.

4) Completion and certification of the Environmental Impact Report.

5) Preliminary approval of Art Enrichment Program for the facility by the Visual Arts Committee of the Arts Commission.

6) Submission of a complete set of working drawings to Office of Statewide Health Planning and Development (OSHPD) and Office of State Architect (OSA) for review and approval.

Action Taken: The Commission unanimously approved Resolution #9-91 (Attachment A) adopting the final environmental impact report finding that the construction of a Mental Health Skilled Nursing Facility at SFGH will not have a significant impact on the environment, adopting Proposition M findings, and approving project plans.

6) CONSIDERATION OF A POLICY ON THE EMERGENCY MEDICAL SERVICES FUND (SB 12)

Dr. Jim Pointer and Abbey Yant of the Emergency Medical Services Agency presented three items for the Commission to consider:

A) A resolution approving the Emergency Medical Services Fund Program Policy. The EMS Fund is to be established in each county for the purposes of reimbursing physicians and hospitals for uncompensated emergency care and for other emergency medical services as determined by the City and County. The source of this fund is an assessment of $2.00 for every $10.00 of fines collected by the courts for moving vehicle offenses. The objectives of the EMS Fund Program are:

1) To implement the EMS Fund Program as mandated by statute and local ordinance.

2) To identify efficient procedures and methods for implementing the programs.

3) To provide supplemental funding for EMS system projects which:

a. Benefit the EMS system,
b. Have not been able to secure other funding sources,
c. New and innovative projects that may not otherwise be funded during times of deficit funding.

Commissioners' concerns were:

a. Policies and procedures currently operating for AB75 (Tobacco Tax) funds and already approved by the Commission should be used; point out differences and justification for any differences in policies/procedures.

b. The idea of the Department processing claims needs to be carefully evaluated.

c. How the 17% allocated for EMS projects is being proposed for materials, equipment and supplies instead of more specific emergency service areas.

Public Speaker: Lynn Baskett, Hospital Council, West Bay Hospital Conference

Action Taken: The Commission adopted Resolution #10-91 (Attachment B) approving the EMS Fund Program Policy, with an amendment to read, "that 17% of the money in the Fund shall be allocated for other emergency services and EMS special projects as approved by the Director of Health."

B) A resolution authorizing a new lease of real property at 1540 Market Street for the Department of Public Health. This will provide for new offices for the Emergency Medical Services Agency.

Action Taken: The Commission authorized a new lease of real property at 1540 Market Street for the EMS offices.

C) (From the Budget Committee agenda item #3.3).

A supplemental appropriation for the Department of Public Health, Central Office, in the amount of $171,260. This supplemental will expend a portion of the Emergency Medical Services Fund.

The Commission will reconsider this supplemental at its special meeting on March 26, 1991. Commissioners had questions on proposed funds allocated for EMS projects being used for capital expenditures instead of service-related areas.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments A and B

RESOLUTION ADOPTING FINAL ENVIRONMENTAL IMPACT REPORT FINDING THAT THE CONSTRUCTION OF A MENTAL HEALTH SKILLED NURSING FACILITY AT SAN FRANCISCO GENERAL HOSPITAL WILL NOT HAVE A SIGNIFICANT IMPACT ON THE ENVIRONMENT, ADOPTING PROPOSITION "M" FINDINGS, AND APPROVING PROJECT PLANS

WHEREAS, the Department of Public Health proposes to construct a Mental Health Skilled Nursing Facility at San Francisco General Hospital; and

WHEREAS, the voters of the City and County of San Francisco approved a $26 million bond issue at the November 3, 1987 election for construction of this facility; and

WHEREAS, the San Francisco City Planning Commission certified the Final Environmental Impact Report for the Project (File Number 88.089E) on October 25, 1990, in Commission Motion Number 12054, a copy of which report is on file with this Board; and,

WHEREAS, the Final Environmental Impact Report considers a number of alternative project proposals; and

WHEREAS, Department of Public Health staff propose that the Health Commission approve the "No Tunnel with On-Site Loading" alternative, which is identified as Alternative VII.E in the Final Environmental Impact Report; and

WHEREAS, Department staff have submitted plans for the approval of the Health Commission based on the "No Tunnel with On-Site Loading" alternative, which will hereafter be referred to as "the Project; and,

WHEREAS, the City Planning Commission has found that, through the incorporation of certain mitigation measures, the Project will not have a significant effect on the environment; and

WHEREAS, the Office of Environmental Review of the Department of City Planning has recommended that the mitigation measure requiring the sprinkling of demolition sites "continually" with water be changed to require sprinkling "regularly" and has concluded that no adverse environmental impacts would occur during the project construction phase if this change is made; and

WHEREAS, these mitigation measures are set forth in a document entitled "Mental Health Skilled Nursing Facility Mitigation Measures" on file with the Health Commission; and

WHEREAS, the plans for the Project include these mitigation measures; and

WHEREAS, the Department of City Planning has adopted findings regarding the Project pursuant to Proposition M (Planning Code Section 101.1), a copy of which is on file with the Health Commission; now, therefore, be it

RESOLVED, that the Health Commission has reviewed and considered the information contained in the Final Environmental Impact Report for the Mental Health Skilled Nursing Facility Project; and, be it

FURTHER RESOLVED, that the Health Commission adopts and incorporates herein by this reference the findings of the Final Environmental Impact Report for the Project; and be it

FURTHER RESOLVED, that the Health Commission finds that the change in the mitigation measure to require regular sprinkling of the demolition site will not have an adverse impact on the environment, based on the recommendation of the Office of Environmental Review; and, be it

FURTHER RESOLVED, that this Commission finds that the Project will not have a significant effect on the environment; and, be it

FURTHER RESOLVED, that the Health Commission finds that the Project will not have a significant cumulative impact on the environment; and, be it

FURTHER RESOLVED, that the Health Commission concurs in the Proposition M findings adopted by the Department of City Planning; and, be it

FURTHER RESOLVED, that the Health Commission hereby approves the plans for the Project submitted by Department staff, which plans include the "Mental Health Skilled Nursing Facility Mitigation Measures".

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, March 19, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-91

RESOLUTION APPROVING THE EMERGENCY MEDICAL SERVICES FUND PROGRAM POLICY

WHEREAS, Senate Bill 12/612 (1988 and 1989) amended State Law to permit the assessment of two dollars for every ten dollars collected by courts to establish a fund to pay for emergency medical services purposes; and

WHEREAS, the Emergency Medical Services (EMS) Fund was established in 1988 to reimburse physicians and hospitals for patients who do not make payment for emergency medical services and for other emergency medical services purposes, as determined by each county; and

WHEREAS, the law specifies that the Fund shall be administered by the City and County and that the fund be distributed as follows:

- Up to 10% of the fund may be used for administering the Fund; thereafter,
- 58% to physicians for uncompensated emergency services.
- 25% for hospitals providing disproportionate trauma and emergency medical services.
- 17% for emergency medical services use as determined by the City and County.
- Interest shall accrue for the same purposes and in the same proportion as above; now, therefore, be it

RESOLVED, THAT 10% of the revenue resulting from the EMS Fund be allocated towards the cost of administering the Fund; and be it

FURTHER RESOLVED, that 58% of the money in the Fund shall be distributed to physicians for emergency services provided to patients in San Francisco acute care hospitals that provide basic or emergency services up to the time the patient is stabilized; and, be it

FURTHER RESOLVED, that 25% of the money in the Fund shall be distributed to designated receiving Hospitals in the San Francisco Emergency Medical Services system which may appropriate these funds for special projects; and, be it

FURTHER RESOLVED, that 17% of the money in the Fund shall be allocated for other emergency services and EMS special projects as approved by the Director of Health; and be it

FURTHER RESOLVED, that the Department of Public Health will provide the Health Commission quarterly and annual reports on the EMS Fund Program; and, be it

FURTHER RESOLVED, that the Mayor is requested to transmit a copy of this Resolution to the Members of California's Congressional Delegation with a request they take all actions necessary to carry out the intent of this resolution.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, March 19, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT B

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

Tel.: (415) 554-2666

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AGENDA
SPECIAL HEALTH COMMISSION MEETING

Tuesday, March 26, 1991
3:00 p.m.
at
101 Grove Street, Room 300
San Francisco, California 94102

1) CALL TO ORDER

2) CONSIDERATION OF BUDGET PRINCIPLES AND TARGETS FOR REDUCTION OPTIONS FOR THE DEPARTMENT OF PUBLIC HEALTH FY 1991-92 BUDGET

3) OTHER BUSINESS/PUBLIC COMMENTS

ADDENDUM

Reconsideration of a supplemental appropriation of $171,260 from the Emergency Medical Services Fund (SB 12/612) for the purposes of: a) fund administration; and b) EMS projects.

Consideration of a resolution to proclaim April 21-28, 1991 as "San Francisco County Tobacco Awareness Week".

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Morl
Secretary

TEL: (415) 554-2666

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

TUESDAY, MARCH 26, 1991
3:00 P.M.
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

Absent: Commissioner Paul Rosenstiel

2) CONSIDERATION OF A RESOLUTION TO PROCLAIM APRIL 21-28, 1991 AS "SAN FRANCISCO COUNTY TOBACCO AWARENESS WEEK"

Action Taken: The Commission adopted Resolution #11-91 (Attachment A).

3) RECONSIDERATION OF A SUPPLEMENTAL APPROPRIATION OF $181,246 FROM THE EMERGENCY MEDICAL SERVICES FUND (SB 12/612) FOR THE PURPOSES OF: A) FUND ADMINISTRATION: AND B) EMS PROJECTS

Action Taken: The Commission approved the supplemental appropriation of $181,246 (revised amount) from the EMS Fund (SB12/612)for the purposes of: (A) Fund Administration; and B) EMS Projects.

4) CONSIDERATION OF BUDGET PRINCIPLES AND TARGETS FOR REDUCTION OPTIONS FOR THE DEPARTMENT OF PUBLIC HEALTH FY 1991-92 BUDGET

Dr. Raymond Baxter, Director of Public Health, presented the budget reduction principles and strategies as indicated in his March 25, 1991 memo to the Commission (Attachment B).

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Dr. Baxter emphasized that he is in no way advocating direct service cuts; and it is only after maximizing revenues and reducing administrative and operating costs is he providing options for direct service reductions. He also made the point that administrative/operating cost reductions do affect the Department's ability to manage and to invest for the future.

These proposed targets for reduction options do not take into account the impact of the State budget reductions. Information from the State will not come until sometime after June.

Public Speaker: Fred Roesti, SFDMDA
Tony Leone, Advocates for SFGH & Clinics
Eve R. Meyer, S.F. Suicide Prevention

Action Taken: The Commission approved the Budget Reduction Principles and Strategies for Reduction Options for the Department of Public Health FY-1991-92 (Attachment B).

5) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: Samuel A. Murray, New Bayview Committee

As a follow-up to Mr. Murray's letter to Commissioner Ludington, Chair of the Mayor's HIV Health Service Planning Council, requesting information on funding of CARE monies to the southeast area of the City, Commissioner Ludington will be sending a response.

President Sanchez announced that the date of the regular meeting of the Health Commission will be changed from April 2, 1991 to April 4, 1991 (Thursday). The meeting will start at 2:00 p.m. instead of 3:00 p.m., due to the expected large number of persons giving public testimony. Information on the Department's proposed budget reduction options will be available to the public in the late afternoon of Monday, April 1, 1991. The Department will also be contacting agencies affected by the proposed budget reduction options.

The meeting was adjourned at 4:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments A and B

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-91

RESOLUTION ON A STATEMENT REGARDING TOBACCO AWARENESS WEEK

WHEREAS, every year over 400,000 smokers in the United States die of smoking related illnesses; and

WHEREAS, every year 40,000 non-smokers die of cancer and heart disease caused by exposure to involuntary smoke; and

WHEREAS, one in five Californians over 20 smoke; and

WHEREAS, everyday another 3,000 children begin using tobacco products; and

WHEREAS, in 1985 the City and County of San Francisco, 1,189 deaths were attributable to smoking related illnesses; and

WHEREAS, nicotine in cigarettes and chewing tobacco is as addictive as heroin and cocaine; and

WHEREAS, 90% of all smokers start by age 19; and

WHEREAS, the younger one starts to smoke, the more likely one will remain a smoker, smoke more heavily and die prematurely; and

WHEREAS, minors in San Francisco can easily purchase tobacco products in many locations over the counter and from vending machines; and

WHEREAS, the tobacco industry spends over $3 billion each year on advertising and promotion to encourage the use of tobacco products; and

WHEREAS, the San Francisco Tobacco Control Coalition, in conjunction with the California State Legislature, has set a goal of reducing tobacco consumption by 75% by the year 1999, and

WHEREAS, cigarette smoking in California clearly outweighs any other factor, whether voluntary or involuntary, as a cause of death; now, therefore,

BE IT RESOLVED, that the Health Commission supports and encourages the Board of Supervisors of the County of San Francisco, California, to PROCLAIM April 21-28, 1991 as "San Francisco County Tobacco Awareness Week" and ENCOURAGES San Francisco County residents to take action to protect themselves and others from the ill effects of tobacco consumption.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, March 26, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT A

TO: President Sanchez and the Health Commission

FROM: Raymond J. Baxter, Ph.D.

RE: Budget reduction principles and strategies

DATE: March 25, 1991

INTRODUCTION

As we enter the second phase of the 1991-92 budget development process, the Mayor's office has asked the Health Department to identify between $8 and $17 million dollars in additional cuts for next year's budget. Working closely through the Ad Hoc Budget Advisory and Executive Budget committees the department has done a number of analyses to establish DPH-wide budget reduction principles and assign division targets based on these principles. This memo outlines the process, principles, strategies and target reductions for the Health Department.

BACKGROUND

A) 1991-92 Baseline Budget: the Health Department developed a set of principles to maximize revenue, reduce administrative and operating costs and minimize service reductions. Over $10.5 million in administrative efficiencies and revenue enhancements were earmarked, $1.5 million in potential service reductions or efficiencies, and $350,000 in direct service reductions. Anticipating a much larger deficit, the department continued to work at identifying further cuts.

B) The City's Fiscal Health Worsens: since the baseline budget was approved, the city's projected shortfall for 1991-92 has swelled to $117-158 million dollars, and the current fiscal year has a projected $7 million deficit. The Mayor's office has instructed the Health Department to outline various options for additional service reductions.

C) Budget Reduction Process: working closely through the Ad Hoc Budget Advisory and the Executive Budget committees the following principles and strategies have been developed to address the impact of the city's fiscal crisis. The city fund reductions outlined here do not reflect anticipated state budget reductions which might follow later this year.

PROPOSED BUDGET REDUCTION PRINCIPLES

The principles outlined here provide a framework for how we determine reductions in a department-wide context. Due to the severity of the cuts, the principles developed for the baseline budget have been expanded to include service and population priorities. The first set of principles guides us in maintaining service volume by maximizing revenues and reducing the cost of providing these services. The second set articulates the conditions we must meet in order to fulfill our mandates and to serve our highest priority populations.

All proposed reductions will be assessed in the context of all these principles and their impact on San Francisco's health delivery system.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

Revenue Generation and Cost Reduction Principles

- Maximize all revenues (including 3rd party payments, government programs, grants, and self-pay from those who can afford to pay for services).

- Reduce administration and operating costs by assigning an administrative reduction target which is at least proportional to the percentage of service reductions. This target will be modified by comparative information on administrative costs across all Divisions.

- Preserve service volume by containing costs, through consolidating services wherever practical and appropriate.

- Establish accountability for providing services efficiently, through performance requirements such as provider-to-encounter ratios, average cost per unit of service, utilization review and other audit disallowances, and collection rates. These measures will be used to determine program budget levels.

Service Priority Principles

- Preserve services to poor people with no other access to care.

- Assure equity of access (financial, geographic, linguistic and cultural) to a basic level of care for vulnerable or underserved populations.

- Emphasize prevention and ambulatory care services in order to avoid the need to use more acute levels of services.

- Preserve essential trauma and emergency services by streamlining and reducing inappropriate services and/or utilization.

- Preserve skilled nursing level of care at Laguna Honda Hospital.

- Satisfy the basic requirements of our quantifiable legal mandates and maintenance of effort requirements. These include requirements through CARE legislation and AB75.

Budget Reduction Strategies

From the above principles, our budget reduction strategy involves, in priority order:

- Maximizing revenues.
- Taking additional administrative reductions.
- Reducing operating costs in all services.
- Reducing services at San Francisco General Hospital and Laguna Honda Hospital where alternatives are available elsewhere in the community.
- Reducing services in ambulatory care that do not address the needs of vulnerable or underserved populations, or that do not have demonstrated effectiveness.
- Reducing environmental health and toxics, epidemiology, and prevention.

Using these guidelines, we have given each division a target that is based on our initial estimates of what each one might accomplish and our instructions from the Mayor's office to reduce the level of general fund support for health services. The proposals that will be forwarded to next week's Health Commission may differ from these, based on completion of our department-wide analysis of the reduction proposals and review with the Ad Hoc Budget Advisory Committee and other constituent advisory groups.

1991-92 Budget Reduction Options

Level One: Baseline Budget Reductions

Approved and corrected, the baseline budget totals $485 million, with revenues of $316 million. This is an increase of $10 million in expenditures and $6.1 million in revenues over 1990-91, for a city fund increase of $3.9 million.

Including estimated grants of $55 million in 1991-92, DPH expenditures total $540 million with $371 in revenues. The baseline budget included:

- $6.1 million in net new revenues;
- $4.4 million in administrative/operating cost reductions;
- $1.5 million in cost efficiencies (if these efficiencies cannot be achieved, then additional service reductions will be required) pending the result of contract negotiations and examination of the outpatient department at SFGH;
- $350,000 in direct service reductions.

Level Two (5 percent): $8.5 million

Revenue Increases: $5.2 million

• Exchange of Napa beds	$1.3 million
• 1/2 year MediCal rate increase at SFGH	$1.7 million
• Automated billing at SFGH	$1.5 million
• Primary care revenues	$200,000
• Environmental health fees	$200,000
• Laguna Honda rate increase	$200,000
• Toxic fees	$100,000

All revenue increases must be certified by the Controller's office

Administrative/Operating Cost Reductions: $2 million
(Based on total expenditures)

• Central Office	$360,000
• SFGH	$840,000
• DMSF	$420,000
• LHH	$360,000

All Divisions will be viewing these administrative cuts as minimums.

Productivity/Accountability: $1.3 million

• SFGH (Adjust average daily census and necessary staffing)	$1.3 million

Summary of reductions including the baseline budget:

- **$11.3 million in new revenues;**
- **$6.4 - $7.9 million in administrative/operating cost reductions;**
- **$350,000 -$1.9 million in direct service reductions**

Level Three (10 percent): $17 million
(Includes all of level two with additional service cuts)

- **Revenues** **$5.2 million**

- **Administration** **$2 million**

The revenue and administrative efficiences outlined in level three are carried forward from the level two projections and are augmented by the following service reductions:

- **Service Reductions Include: $9.8 million**

• SFGH	$5 million
• LHH	$900,000
• DMSF	$3 million
• Central Office (including AIDS, CPHS, MIA, etc.)	$900,000

Summary of reductions including the baseline budget:

- **$11.3 million in new revenues;**
- **$6.4 - $7.9 million in administrative/operating cost reductions;**
- **$10.2 -$11.7 million in direct service reductions**

In our presentation on April 4 we will:

- present specific reduction proposals
- relate our reductions to these principles
- present reduction proposals in the context of continuing services
- discuss our long-term strategies with respect to our reductions

Revised on 3/26/91

ATTACHMENT B

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

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San Francisco, California 94102

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Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

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AGENDA
HEALTH COMMISSION

Thursday, April 4, 1991*
2:00 P.M. *
at
101 Grove Street, Room 300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF REGULAR MEETING OF MARCH 19, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) CO - AIDS - Request to accept and expend a supplemental allocation in the amount of $936,113 from the Centers for Disease Control, to provide education, risk reduction, counseling and testing services for the priod of January 1, 1991 through December 31, 1991.

(3.2) CO - AIDS - Request for sole source approval and a renewal contract with the San Francisco AIDS Foundation in the amount of $271,117, to provide client advocacy services and emergency housing to persons with AIDS for the period of January 1, 1991 through June 30, 1991.

(3.3) CO - AIDS - Request for sole source approval and a renewal contract with Polaris Research and Development in the amount of $61,474, to provide cross-cultural training and consultation to AIDS service for the priod of January 1, 1991 through June 30, 1991.

(3.4) CO - AIDS - New contract with UCSF as fiscal agent for Urban Health Study in the amount of $345,999, to povide AIDS prevention services to IVDU's in the Western Addition, Tenderloin and Mission Districts of San Francisco for the priod of January 1, 1991 through December 31, 1991.

*NOTE: CHANGE OF MEETING DATE AND TIME FROM APRIL 2 TO APRIL 4, 1991 AND FROM 3:00 TO 2:00 P.M.

(3.5) DMSF - CMHS - Adult Community - Second modification to the contract with Swords to Plowshares in the amount of $43,560, to add transitional residential care with support services for substance-addicted homeless Vietnam-era veterans for the priod of April 1, 1991 through June 30, 1991.

(3.6) DMSF - CMHS - Child & Family - Request to approve a Resolution in accordance with the provisions of Charter Section 8.300-1 (Proposition J) concurring with Controller's certification that Children's Day Treatment Services can be performed at a lower cost by a private contractor than by City employees for the period of July 1, 1991 through June 30, 1992.

4) **PRESENTATION OF THE PROPOSED BUDGET REDUCTION OPTIONS FOR THE DEPARTMENT OF PUBLIC HEALTH FY 1991-92.**

PLEASE NOTE:

AT THIS MEETING THE COMMISSION WILL HEAR PUBLIC TESTIMONY ON THE PROPOSED BUDGET REDUCTION OPTIONS.

NO PUBLIC TESTIMONY WILL BE HEARD AT THE SPECIAL HEALTH COMMISSION MEETING OF APRIL 9, 1991.

5) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING
TUESDAY, APRIL 4, 1991
2:00 P.M.
101 Grove Street, Room 300
San Francisco, CA 94102

DOCUMENTS DEPT.

APR 15 19

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1) CALL TO ORDER

The meeting of the Health Commission was called to order by Vice President Patricia Underwood, R.N., D.N.Sc., at 2:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

Absent: Commissioner Richard Sanchez, M.D., M.P.H.

2) APPROVAL OF MINUTES OF REGULAR MEETING OF MARCH 19, 1991

Action Taken: The Commission adopted the minutes of March 19, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) CO - AIDS - Request to accept and expend a supplemental allocation in the amount of $936,113 from the Centers for Disease Control, to provide education, risk reduction, counseling and testing services for the period of January 1, 1991 through December 31, 1991.

(3.2) CO - AIDS - Request for sole source approval and a renewal contract with the San Francisco AIDS Foundation in the amount of $271,117, to provide client advocacy services and emergency housing to persons with AIDS for the period of January 1, 1991 through June 30, 1991.

(3.3) CO - AIDS - Request for sole source approval and a renewal contract with Polaris Research and Development in the amount of $61,474, to provide cross-cultural training and consultation to AIDS service for the period of January 1, 1991 through June 30, 1991.

(3.4) CO - AIDS - New contract with UCSF as fiscal agent for Urban Health Study in the amount of $345,999, to povide AIDS prevention services to IVDU's in the Western Addition, Tenderloin and Mission Districts of San Francisco for the period of January 1, 1991 through December 31, 1991.

(3.5) DMSF - CMHS - Adult Community - Second modification to the contract with Swords to Plowshares in the amount of $43,560, to add transitional residential care with support services for substance-addicted homeless Vietnam-era veterans for the period of April 1, 1991 through June 30, 1991.

Commissioner Ludington inquired as to why it would take seven months for this agency to implement a plan to change the composition of the Board. Department of Public Health staff will monitor this and give a progress report to the Commission.

(3.6) DMSF - CMHS - Child & Family - Request to approve a Resolution in accordance with the provisions of Charter Section 8.300-1 (Proposition J) concurring with Controller's certification that Children's Day Treatment Services can be performed at a lower cost by a private contractor than by City employees for the period of July 1, 1991 through June 30, 1992.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Flo Stroud, M.N., M.P.H. for Raymond J. Baxter, Ph.D.)

GOVERNOR'S BUDGET PROPOSAL

- State-Local Program Realignment Proposal (SLPR): The Governor's January 1991-92 Budget proposed to realign funding responsibility for AB 8 county health services and mental health local assistance. The State would remove existing general fund support for these programs and provide counties with new revenue sources. The revenue sources included a reassessment of the Vehicle License Fee (VLF) and raising the alcohol tax, totalling $972 million.

  The proposals have changed, and increased in magnitude as the State's budget deficit has grown. The current proposal is attached: it now totals $2.295 billion and includes transferring all mental health programs to counties, including community-based programs, Institutes for Mental Disease beds and State Hospitals. The current proposal also includes transferring the Medically Indigent Services Program to counties, as well as transferring several social services programs. Revenues include the VLF, alcohol tax, and a 1/2¢ sales tax. It is not yet clear whether the sales tax increase would be raised by the State and earmarked to county health and social services programs, or whether counties would be given taxing authority to raise the funds locally. It must also be noted that the administration has not released any detailed language for any of the realignment proposals, making it difficult for counties to conduct precise analysis of the impact of various proposals. Key issues for realignment include:

  - Who will control decision-making and administration for the programs? Will it be transferred to counties or remain at the State?

- Are the proposed revenues sufficient to meet caseload growth? Are the funds stable and "secure" for counties? Will more program responsibilities be transferred without increased revenues?
- How can federal financial participation be maintained? eg. the Short-Doyle Medi-Cal program, which yields a 50/50 match for State funds for mental health services. Also, federal programs have maintenance of effort and other provisions which must be maintained in order to ensure federal financial participation.
- Are standards appropriate to ensure state-wide provision of services, and eliminate the potential for counties which provide services to act as "magnets"?
- The Gann limit: do counties individually and collectively have sufficient Gann room to accept the funding and program responsibilities? How can the State define "strings" or "standards" and still transfer the Gann responsibility to counties?
- Will the allocation of resources continue to be a dollar-for-dollar replacement of existing program funds?

The ongoing roles of the State and counties' in providing public and indigent health, mental health, and social services will continue to be a component of the discussion as negotiations continue for realignment. It should be stressed that the motivation and context of realignment is the fiscal crisis of the State.

AIDS OFFICE

- C.A.R.E. HIV Planning Council: The Planning Council held a public hearing on March 18, 1991, to inform the community of the identified gaps in HIV services, service priorities, and the components of the comprehensive plan submitted in the CARE application. Council members described the criteria for review of community proposals, the composition of the review panels, and the specific services to be developed with CARE funding which are to target the various underserved populations.

  Public feedback and testimony was heard. A significant issue was raised regarding the need for the Council to assure that services are delivered in a culturally relevant manner. Several suggestions were made about how to accomplish this for contractors selected in this funding cycle. Other testimony made constructive suggestions for the solicitation and review of proposals for the Council to consider in next year's awards.

- Civil Service Commission EEO Unit Report: In January, I wrote to Mr. John Walsh, General Manager of the Civil Service Commission requesting a thorough and objective investigation of the affirmative action hiring practices of the AIDS Office. The request was made in response to allegations of disparate treatment of African American employees.

  The Civil Service Commission EEO Unit, under the direction of Evelyn Hogan-Jackson, Director of Affirmative Action, has completed its investigation and has concluded that there is no evidence of discrimination in the areas of hiring, promotion, and separations of African Americans. The report indicates that the affirmative action efforts in the AIDS Office have resulted in employment for African Americans that exceed the established city-wide affirmative action goals.

- Leadership Recognition of Dr. Sophia Chang: Dr. Sophia Chang, Chief of the Health and Resources Branch of the AIDS Office, was acknowledged at the San Francisco AIDS Foundation Leadership Recognition Dinner on March 14, 1991. This honor acknowledged Dr. Chang's critical role and perseverance in assuring that critically needed emergency relief dollars to serve people with HIV were effectively implemented in San Francisco under Title I of the CARE Act.

SAN FRANCISCO GENERAL HOSPITAL

- JCAHO Focus Visit: The Joint Commission Accreditation of Healthcare Organizations Focus Visit is scheduled for May 8, 1991. This visit will follow-up on the Type I recommendations found in the October, 1989 survey. The Self-Accreditation Task Force, led by Dr. John Luce and Carol Bird have worked with the target hospital departments to ensure complete compliance.

- SFGH Physicians: The March issue of Good Housekeeping Magazine included four SFGH physicians in the list of "400 Best Doctors in America". The physicians and their specialities are: Edward Biglieri - endocrinology, Philip Hopewell - pulmonary medicine, Jack McAninch - urology, and John Murray - pulmonary medicine.

- Update on Capital Projects: The SFGH nursery, which was originally designed to care for only half the infants it now sees, will be renovated to meet current codes and workloads. AB 75 has provided funding for the renovation and Ross Laboratories has provided pro bono support for the program planning. A timetable for project completion will be issued as soon as the Bureau of Architecture is able to assign staff to this project.

- Hazard Mitigation Grant Award: The hospital has received notification from the State Office of Emergency Services that FEMA (Federal Emergency Management Agency) has approved $1.4 million for SFGH's retrofit and seismic upgrade program.

- MBE/WBE/LBE Compliance: In a recent report to the Economic and Social Policy Committee of the Board of Supervisors on compliance with the City's MBE/WBE/LBE Ordinance, overall performance of key and large departments were ranked and SFGH ranked first in dollars spent for minority and women contracts. As reported in the Director's Report on December 4, 1990, San Francisco General awarded $2.1 million, an increase from $47,000 in FY 1986-87, in contracts to minority and women businesses in 1989-90.

  In order to improve the entire Department's compliance with the MBE/WBE/LBE Ordinance, I intend to expand the role of the Department's Affirmative Action Office to include responsibility for improving MBE and WBE participation in department contracts.

- Staff Resignation: Mr. Edward Walera, Assistant Administrator, has submitted his resignation to assume a materials management position with Alta Bates Hospital in Berkeley and his last working date at SFGH will be April 19. Mr. Walera had responsibility for a variety of departments at SFGH including: housekeeping, plant services, security, parking, health & safety, materials management. We wish him well in his new position.

LAGUNA HONDA HOSPITAL

- State Licensing & Certification Update: The Health Care Financing Administration (HCFA) withdrew its federal surveyors from the state last week as state Licensing & Certification surveyors began Omnibus Reconciliation Act of 1987 (OBRA) compliance surveys of skilled nursing facilities for recertifications for participation in Medicare and Medi-Cal. Laguna Honda is due for recertification after April.

  The agreement reached by HCFA and state officials will use a revised federal interpretive guideline (IG) protocol so that SNFs will not be required to undertake any particular course of action if the IGs are unmet. The agreement also calls for HCFA to revise the IGs to remove any language which appears to add requirements beyond statute or regulations. An opportunity to comment on the language will be offered by HCFA before final adoption.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Resignation of Deputy Director: Dr. Reiko Homma True has submitted her resignation as Deputy Director of Health for Mental Health, Substance Abuse and Forensic Services effective May 6, 1991. Dr. True has requested a three month leave and will return to a new assignment to direct the Department's new initiative to consolidate and integrate community public health and mental health programs.

  Among Dr. True's most notable achievements, previous out-of-county cost over runs and over-utilization of acute beds were managed with increased emphasis on community based care. In five and a half years under her management, the DMSF Division has demonstrated fiscal responsibility while increasing substance abuse programs and housing and support services for the seriously mentally ill.

  I know the Health Commission will join me in thanking Dr. True for her dedicated service to this Department and looking forward to working with her again after a much deserved break.

- Mt. Zion Crisis Clinic: A joint proposal of the staff working group (consisting of staff from DPH, Mt. Zion Crisis Clinic, Mt. Zion/UCSF Hospital, and the Legislative Analysts for the Board of Supervisors) was endorsed by representatives of the Mt. Zion Health Systems Board at a meeting on March 26. Commissioners Sanchez and Underwood attended the meeting.

  The Legislative Analysts are completing their report to the Board of Supervisors on services and funding options.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Employee Wellness Program: The first Health Fair of the pilot employee wellness program was successfully conducted last week at City Hall. 993 employees participated (1,000 were targeted) in measurements of cholesterol, blood pressure, heart rate, and total body fat and received computerized individual health risk analysis. The pilot program consisted of employees of City Hall and DPH Central Office.

A series of 20 seminars will be offered in May, June and July to provide information on effecting lifestyle, diet, behavioral changes toward optimal health. A second Health Fair, scheduled for January 1992, will rescreen program participants to measure the effect of these changes. An aggregate group report of the results of the Health Fair will be reported within 45 days by the contractor, Windom Health, to the DPH contract administrators.

BUREAU OF ENVIRONMENTAL HEALTH

- Water Conservation: As a result of the Mayor's press release on March 20 regarding water conservation and gray water usage, the Bureau will be participating in Neighborhood Water Conservation Fairs. These fairs will be held on April 6 and 13 at five separate sites each day.

  Additionally, the Bureau is working with the California State Automobile Association to develop a reclaimed water source of over six million gallons per year. CSAA will use this water to flush toilets and in their cooling towers. These activities are being coordinated with the City's Water Department and Public Works.

MARCH STATISTICS

- AIDS Statistics (from 7/1/81 to 3/31/91)

Total San Francisco cases:	10,231
Total San Francisco deaths:	7,079
Total S.F. cases for March:	176
Total S.F. deaths for March:	140

Laguna Honda Hospital	
Average Daily Census:	1,088
Acute Med/Surg:	4
Acute Rehab:	5
Secured Wards:	63
Clarendon Hall:	167
AIDS SNF:	12

Mental Health	
SFGH/Acute Psychiatric Beds:	74
(20 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	0

All other monthly statistics will be reported at the next regular meeting of the Health Commission.

(5) PRESENTATION OF THE PROPOSED BUDGET REDUCTION OPTIONS FOR THE DEPARTMENT OF PUBLIC HEALTH FY 1991-92

Dr. Raymond J. Baxter, Director of Public Health, presented his package of revenues and reductions which had input from his internal Department Divisions, his Executive Staff Budget Committee, the Department's standing advisory committees, and his ad hoc Budget Advisory Committee. See Attachment A.

Dr. Baxter emphasized his Long-Term Strategies (Attachment B) and the principles guiding the budget reduction strategy and explanations of how they are used in his proposal (Attachment C). He also provided a summary of impacts to the health service system (Attachment D).

The Department has attempted to preserve services to the maximum extent possible by exceeding its targets in generating revenues and administrative/operating cost reductions. Although Dr. Baxter is not advocating for the direct and indirect service reductions, he believes that if reductions are necessary, this budget proposal is the best way to make the reductions.

Vice President Underwood reminded the public that the Commission had already approved the Department's Baseline Budget for FY 1991-92 (Level I) on February 5, 1991. The Commission will hear testimony today on Level I, Level II, and Level III Reductions; but the Commission will make a decision on the Level II and Level III Reductions on April 9, 1991.

Public Speaker:

Shelly Rodrigues, S.F. Medical Society
Karen Patterson, Association of S.F. Mental Health Contractors
Sally Green, Mental Health Advisory Board
Cheryl McDonald-Yount, S.F. Senior Center
Virginia Kropf, Downtown Senior Center
Mike Shriver, 18th Street Services
Jack McKay, Geriatric Coordinator Committee of Community Mental Health and CASE
Joy A. Schulenburg
Eve R. Meyer, S.F. Suicide Prevention
Scott Miller, San Francisco General Hospital
Jonathan Vernick, Baker Places, Inc.
Shannon Perry, Golden Gate Nurses Association
Tony Leone, Advocates for SFGH and Clinics
Dr. Leland Yee, Member of S.F. Board of Education and Advisory Committee for CCDC
Mr. Tang, S.F. Senior Center (Translator: Bob Lee)
Sheila Hembury, Mental Health Association
Mari Bianca, Community Member

Vice President Underwood commended Dr. Baxter and his Executive Staff for devising and implementing an open budget process in order to bring to the Commission these recommendations for budget reduction options for FY 1991-92.

AT a special meeting of the Commission on April 9, 1991 at 3:00 p.m., the Commission will make a decision on the proposed budget reduction options of Level II and Level III for FY 1991-92.

6) OTHER BUSINESS/PUBLIC COMMENTS

None

The meeting was adjourned at 4:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments A, B, C and D.

Executive Summary
FY 91-92 Budget Reduction Proposal

The attached budget reduction proposal identifies revenues and reductions pursuant to the Health Department's instructions from the Mayor's Office and necessitated by the city's fiscal crisis.

A set of ten principles was developed to guide the department and divisions in setting budget reduction priorities. These principles essentially direct the Department of Public Health (DPH) to maximize revenues and reduce administrative and operating costs in order to preserve current service levels. If service reductions are necessary, the principles direct us to seek to preserve prevention, primary care and other community-based services in order to avoid the use of more expensive acute care services.

The proposal is in three levels: baseline budget; an additional five percent reduction in city funds; and an additional 10 percent city fund reduction. Level II and Level III reduction options add up to $15.4 million. This is not a full ten percent, or $17 million. If necessary, we will pursue additional revenues or a one-time reduction in accounts receivable at SFGH. The following is a summary of our total Level II and III reductions by category:

LEVELS II & III REDUCTIONS:

	Totals	Percent
	$15,363,147	100%
• Revenues	$7,636,000	50%
• Admin. & Operating Reductions	$3,732,730	25%
• Consolidations	$451,000	3%
• Accountability/Productivity Reductions	$2,467,535	15%
• Operating Cost/Service Reductions	$599,000	4%
• Direct Service Reductions	$516,882	3%

We have attempted to minimize direct service impacts to the extent possible by proposing to increase productivity and consolidate services. However, we want to make it clear that these changes have significant impacts on our service delivery system, particularly within Level III. These reductions virtually ensure that we will not be able to achieve the goals we set for ourselves in the mission statement. In particular, the indirect service reductions we propose will affect the environment in which we deliver services and will further stress our ability to provide these services. Specifically, these impacts include: (1) using grant funds to pay for existing services that would have otherwise allowed us to expand services, (2) increasing the burden on administrative staff at a time when more creativity and innovation in managing service provision is essential, (3) increasing the burden on non-administrative staff to perform services that otherwise would have been performed by additional staff, (4) potentially taking service reductions if the

proposed productivity improvements or efficiencies cannot be achieved, and (5) not being able to automatically give community-based contractors cost-of-living-adjustments, which, if administrative and operating cost savings are not available, could result in service reductions. Finally, the increased revenues, administrative savings and indirect cost reductions would ideally be re-invested in improved or expanded services; in rebuilding the infrastructure of our health service system; and in stimulating innovation, rather than offsetting declining federal, state and local funds.

We believe the direct service reductions we are proposing in Level III are intolerable. We have proposed them only after exhausting other alternatives. We will keep trying to find revenue and other administrative reductions to offset these proposals.

The following is a summary of reductions by Level and category:

LEVEL I REDUCTIONS:	**$12.35 MILLION**
• Revenues	6.1 million
• Admin & Operating Reductions	4.4 million
• Operating and Indirect Service Reductions	1.5 million
• Direct Service Reductions	350, 000
LEVEL II REDUCTIONS: ADDITIONAL 5%	**$8,487,891**
• Revenues	$6,556,000
• Admin. & Operating Reductions	$1,931,891
• Direct Service Reductions	none

Level II reduction will be achieved through revenue enhancements and administrative reductions.

LEVEL III REDUCTIONS: ADDITIONAL 10%	**$6,875,256**
• Revenues	$1,080,000
• Admin. & Operating Reductions	$1,800,839
• Consolidations	$451,000
• Accountability/Productivity Reductions	$2,467,535
• Operating Cost/Service Reductions	$599,000
• Direct Service Reductions	$516,882

It was impossible to meet the Level III reductions without extensive indirect and some direct service impacts.

The health department has identified, through its various committees, community advisory groups, and plans, a number of long-term strategies we will pursue over the next year to improve the quality and delivery of health services to all San Franciscans.

LONG-TERM STRATEGIES

The budget reduction proposals must be considered in the context of the Health Department's long range strategies for improving the delivery of health services for all San Franciscans.

- Implement a planning process for identifying the highest priority needs and developing incentives and other innovative ways of meeting them. Ideally, we will be using funds identified in savings from administrative and operating cost reductions to invest in additional high priority services.

- Integrate health, mental health and human services to reduce administrative costs and improve the quality of health services. For example, consolidating the Bureau of Environmental Health (BEH) provides an opportunity to expand direct client services at the health centers, improve accountability and reduce the city fund contribution to BEH. Next year we will initiate the integration of community-based health and mental health at one of the health centers.

- Pursue state legislation that reduces the department's reliance on the general fund. For example, the DPH is actively supporting SB 41, which would increase federal funds available for outpatient services at SFGH and could result in as much as $3.8 million in new revenues.

- Increase fees for people who can afford to pay for services, thus assuring greater access to the poorest in our communities. For example, the AIDS office will develop a pilot project for charging those who can pay, modest sliding scale fees for services from the food bank.

- Increase accountability from health service providers by linking payments to units of service. For example, the new affiliation agreement with the University of California, San Francisco for medical services at SFGH will be based upon this link of payments to specific units of service for the first time. We expect to complete this agreement by July 1991 and begin to implement it with the 1992-93 budget.

- Minimize state hospitalizations and skilled nursing facility utilization for the severely mentally ill by increasing less expensive and more appropriate community-based mental health services.

- Improve administrative efficiencies through appropriate and effective consolidations. For example, the department will consolidate and streamline the contracting process and expand the role of the Affirmative Action office to include responsibility for improving our MBE/WBE contract participation performance.

PRINCIPLES GUIDING BUDGET REDUCTION STRATEGY AND EXPLANATIONS OF HOW THEY ARE USED IN THIS PROPOSAL

- Maximize all revenues (including 3rd party payments, government programs, grants, and self-pay from those who can afford to pay for services). In our proposal, these revenues include Medi-Cal, fees for public health services, and grant funds that would otherwise be used to expand services.

- Reduce administration and operating costs by assigning an administrative reduction target which is at least proportional to the percentage of service reductions. In our proposal, cuts in administration and operating costs include cuts to high level administrators, to staff positions, and to materials and supplies in an effort to provide services in a less expensive way.

- Preserve service volume by containing and consolidating costs wherever practical and appropriate. In our proposal, consolidations include consolidating clinics that are in the same area and provide similar services.

- Establish accountability for providing services efficiently, through performance requirements such as provider-to-encounter ratios, average cost per unit of service, utilization review and other audit disallowances and collections rates. These measures will be used to determine program budget levels. In our proposal, accountability and productivity changes include having workers provide services to more people within the same amount of time and adjusting staffing to reflect actual volume.

- Preserve services to poor people with no other access to care.

- Assure equity of access (financial, geographic, linguistic and cultural) to a basic level of care for vulnerable or underserved populations

- Emphasize prevention and ambulatory care services in order to avoid the need to use more acute levels of services

- Preserve essential trauma and emergency services by streamlining and reducing inappropriate services and/or service utilization.

- Preserve skilled nursing level of care at Laguna Honda Hospital

- Satisfy the basic requirements of our quantifiable legal mandates and maintenance of effort requirements. These include requirements through CARE legislation and AB75.

SUMMARY OF IMPACTS TO THE HEALTH SERVICE SYSTEM

• **Impact of revenue options:** Increases in grant funding allow the Department to use the funds to pay for services that the city would have otherwise had to pay for. In a budget crisis, this means that funds we could have otherwise used to expand or improve services are used to fill budget gaps.

• **Impact of administrative and operating cost reductions:** Reducing administrative positions increases the burden on the remaining staff, particularly at a time when more creativity and innovation in managing service provision is essential. Likewise, reductions in non-administrative staff will require the remaining staff to perform these functions. In many cases, reductions in operating costs require new systems to be put into place to achieve the reductions. For example, in order to achieve the reduction in clinical laboratory costs the hospital will establish a laboratory advisory committee to review all laboratory ordering practices and reduce the number of unnecessary lab tests or the number of hours that certain tests are performed. If these changes cannot be operationalized, then services will be reduced.

• **Impact of accountability/productivity reductions:** These reductions also require changes in the way services are being delivered. For example, many of the productivity reductions require that mental health workers increase the number of clients to whom they deliver service. If these productivity improvements cannot be achieved, then services will be reduced. Reducing vacant positions does not reduce current levels of service, but it does keep us from expanding services had we been able to fill the positions.

• **Impact of indirect service reductions:** Indirect service reductions may result in the elimination of COLAs, operating cost efficiencies or in service reductions. Through the contract negotiation process, we will as a first priority look for administrative and operating cost reductions. Elimination of COLAs for contract agencies may make it difficult for these agencies to retain or recruit staff, among other issues.

• **Direct service reductions:** We believe the direct service reductions we are proposing are intolerable. We have proposed them only after exhausting other alternatives. We will keep trying to find revenue and other administrative reductions to offset these proposals.

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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Special

AGENDA
SPECIAL HEALTH COMMISSION

Tuesday, April 9, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

2) CONSIDERATION OF THE PROPOSED BUDGET REDUCTION OPTIONS FOR DEPARTMENT OF PUBLIC HEALTH FY 1991-92

(NO PUBLIC TESTIMONY ON THIS ITEM WILL BE HEARD AT THIS MEETING).

3) OTHER BUSINESS/PUBLIC COMMENTS

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HEALTH COMMISSION

April 9, 1991

The Minutes for this meeting are missing.

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Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

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Sandy Ouye Morl
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AGENDA
HEALTH COMMISSION

Tuesday, April 16, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF SPECIAL MEETING OF MARCH 26, 1991 AND REGULAR MEETING OF APRIL 4, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) CPHS - Health Promotion - AB 75 Tobacco Control Project - New contract with Lyon Martin Women's Health Services in the amount of $80,000, to provide tobacco use cessation services to lesbian and gay men in San Francisco for the period of May 1, 1991 through April 30, 1992.

(3.2) CPHS - Health Promotion - AB 75 Tobacco Control Project - New contract with Bayview Hunters Point Foundation in the amount of $80,000, to provide tobacco use prevention services to African American youth and young adults in San Francisco for the period of May 1, 1991 through April 30, 1992.

(3.3) CPHS - Epidemiology & Disease Control - Request to accept and expend a continuation subvention grant in the amount of $94,772 from the State Department of Health Services, to provide immunization and perinatal hepatitis B prevention services for the period of July 1, 1991 through June 30, 1992.

(3.4) CPHS - Family Health - Request to accept expend a continuation grant in the amount of $350,600 from the State of California, Office of Family Planning, to provide comprehensive family planning services for the period of July 1, 1991 through June 30, 1992.

(3.5) CPHS - Family Health - Renewal contract with UCSF/SFGH in the amount of $122,938, to provide comprehensive family planning services for the period of January 1, 1991 through December 31, 1991.

(3.6) CPHS - Family Health - Renewal contract with the University of California, San Francisco in the amount of $135,000, to provide HIV education, counseling and testing services for the period of January 1, 1991 through December 31, 1991.

(3.7) CO - EMS - Renewal contract with King American Ambulance Company, San Francisco Ambulance Service and Mercy Life Care in an amount not to exceed $90,000, to provide back-up services to City ambulances for the period of July 1, 1990 through June 30, 1991.

(3.8) SFGH - First modification to the contract with Peter B. Harrison in the amount of $9,600, to complete the implementation of the SFGH Operating Room Scheduling System for the period of May 1, 1991 through June 30, 1991.

(3.9) AIDS - Renewal contract with the Asian American Recovery Services in the amount of $82,413 to provide AIDS prevention and education services to San Francisco's Asian and Pacific Islander communities for the period of February 15, 1991 through December 31, 1991.

(3.10) AIDS - Renewal contract with the Regents-UCSF (AIDS Health Project) in the amount of $114,006 to provide information and emotional and social support to persons at risk for AIDS for the period of January 1, 1991 through June 30, 1991.

(3.11) AIDS - New contract with Japanese Community Youth Council in the amount of $176,583 to provide AIDS prevention services to San Francisco's Asian and Pacific Islander communities during the period of June 1, 1991 through June 30, 1992.

(3.12) AIDS - Renewal contract with the San Francisco AIDS Foundation in the amount of $130,000 to provide outreach education services concerning HIV antibody testing to the general population of San Francisco for the period of January 1, 1991 through December 31, 1991.

(3.13) Supplemental appropriation in the amount of $225,000 to provide additional funding for Mt. Zion Community Crisis Services so that it may continue 24-hour, 7-day per week mental health crisis services through June 30, 1991. Funding is requested from the Board of Supervisors Community Clinic Reserve.

(3.14) DMSF - CMHS - Adult Acute - First modification to the contract with Community Crisis Services of San Francisco in the amount of $687,974, to provide 24-hour/7-day-a-week crisis services for the period of July 1, 1990 through June 30, 1991.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **OTHER BUSINESS/PUBLIC COMMENTS**

SAN FRANCISCO
HEALTH COMMISSION

April 16, 1991

The Minutes for this meeting are missing.

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Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

AGENDA
HEALTH COMMISSION

Tuesday, May 7, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF SPECIAL MEETING OF APRIL 9, 1991 AND REGULAR MEETING OF APRIL 16, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) DPH - Finance - Request for surplus transfer of funds within San Francisco General Hospital ($915,000), Laguna Honda Hospital ($439,945), and Central Office ($481,534) totalling $1,836,509 to address year-end technical clean-ups within Division accounts.

(3.2) Request for approval of ordinance amending City Administrative Code to allow the department to expend interest earned on AB 75 funds without Request for Supplemental Appropriation.

(3.3) Request to approve revised fees for Bureau of Environmental Health services.

(3.4) SFGH - Finance - Request for sole source approval with UCSF Medical Center in the amount of $720,000/a year, to provide a wide range of highly specialized medical and surgical services for SFGH patients who qualify for the San Francisco Medically Indigent Adult Program for the period of July 1, 1991 through June 30, 1995.

(3.5) SFGH - MIS - Request for sole source approval with Shared Medical Systems in the amount of $87,600, to provide software license and consulting services to interface INVISION with the new Bedside Computing System, the Medical Records Systems, and to accept wanded barcoded charges directly, for the period of July 1, 1991 through June 30, 1992.

(3.6) CPHS - Request to accept and expend a grant in the amount of $318,750 from the State Water Resources Control Board, to provide cleanup activities at leaking underground storage tank facilities for the period of July 1, 1991 through June 30, 1992.

(3.7) CPHS - Request to accept and expend, as sub-grantee, a continuation grant in the amount of $193,808 from the San Francisco Community Clinic Consortium, to provide primary health care and substance abuse services to the homeless population of San Francisco for the period of January 1, 1991 through April 30, 1991.

(3.8) CO - AB75 Capital Outlay - Request from the City and County of San Francisco Department of Public Health AB75 Non-County Hospital Capital Outlay to grant to Chinese Hospital the amount of $105,000 for purchasing General Electric x-ray diagnostic equipment of the period of May 15, 1991 through June 30, 1994.

(3.9) CO - AB75 Capital Outlay - Request from the City and County of San Francisco Department of Public Health AB75 Non-County Hospital Capital Outlay to grant to St. Luke's Hospital the amount of $175,000 for expansion of the Emergency Department for the period of May 15, 1991 through June 30, 1994.

(3.10) CPHS - Disease Control - Renewal contract with the University of California, San Francisco in the amount of $110,621, to provide medical services to patients at the tuberculosis clinic at SFGH, Ward 94, for the period of July 1, 1991 through June 30, 1992.

(3.11) CPHS - STD Control - Renewal contract with the University of California, San Francisco, School of Medicine in the amount of $92,200 per year, to provide faculty assistance with the sexually Transmitted Disease Prevention/Training Center for the period of April 1, 1991 through March 31, 1995.

(3.12) DMSF - CSAS - Second modification to the contract with Walden House, Inc. in the amount of $447,923, to provide residential substance abuse services to the homeless for the period of November 1, 1990 through June 30, 1991.

(3.13) DMSF - CMHS - Geriatrics - Request for sole source approval with County of San Mateo in the amount of $182,357/per year, to provide 24-hour skilled nursing facility and partial day habilitative services to San Francisco clients for the period of July 1, 1990 through June 30, 1994.

(3.14) DMSF - Various - A continuing resolution pertaining to FY 1991-92 renewal contracts, giving authorization to extend the terms of the FY 1990-91 contracts listed on an interim month-to-month basis through December 31, 1991 or until the FY 1991-92 are certified by the City Controller, whichever comes first; thus avoiding possible financial hardship to the contractors.

COMMUNITY MENTAL HEALTH SERVICES

Arriba Juntos-IAL
Audrey L. Smith Developmental Center, Inc.
Baker Places, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
California Medivan dba MV Transportation
Catholic Charities of San Francisco
Community Crisis Services of San Francisco

COMMUNITY MENTAL HEALTH SERVICES (Cont'd.)

Conard House, Inc.
Continuum: HIV Day Services
Crestwood Hospitals, Inc.
Edgewood Children's Center
Episcopal Community Services
Family Service Agency of San Francisco
Instituto Familiar de la Raza
La Cheim Residential Treatment Centers
Mental Health Management I, Inc. (dba Canyon Manor)
MSC Psychiatric Services Corporation
Northern California Ambulatory Health Services
(Children's Hospital of San Francisco)
North of Market Senior Services
Oakes Children's Center
Pacific Mental Health Services, Inc.
Patients' Rights Advocacy Services, Inc.
Progress Foundation
PSP Information Group, Inc.
Ramsell Corporation
Recreation Center for the Handicapped, Inc.
Regents of the University of California (Center on Deafness)
Regents of the University of California (Department of Psychiatry
at San Francisco General Hospital)
Regents of the University of California (Langley Porter
Psychiatric Hospital)
Richmond Area Multi-Services, Inc.
Saint Francisco Memorial Hospital
St. Luke's Hospital
St. Mary Pharmacy Management Services
St. Mary Hospital and Medical Center (dba McAuley Neuropsychiatric
Institute)
San Francisco Mental Health Education Funds, Inc. (MHAB & CAAB)
San Francisco Suicide Prevention, Inc.
Swords to Plowshares
The County of San Mateo
Volunteer Center of San Francisco
Westside Community Mental Health Center Inc.

COMMUNITY SUBSTANCE ABUSE SERVICES

Asian American Recovery Services, Inc.
Baker Places, Inc.
Bay Area Addiction Research and Treatment, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
Center for Human Development, Inc.
Chemical Awareness & Treatment Services, Inc.
Friendship House Association of American Indians, Inc.
Haight Ashbury Free Clinics, Inc.
Henry Ohlhoff House, Inc.
Horizons Unlimited of San Francisco, Inc.
Liberation House, Inc.
Mission Council on Alcohol Abuse for the Spanish Speaking, Inc.
Multicultural Training Resource Center, Inc.

National Council on Alcoholism and other Drug Addictions-Bay Area, Inc.
North of Market Senior Services, Inc.
Pacific Mental Health Services, Inc. (Operation Concern)
Health Commission Calendar for 5/07/91 Meeting
Regents of the University of California (AIDS Health Project)
Regents of the University of California (PACE Project at Ward 93, San Francisco General Hospital)
St. Vincent de Paul Society, District Council of San Francisco
The Salvation Army, A California Corporation (Salvation Army Harbor Light Center)
San Francisco Drug Abuse Advisory Board, Inc.
San Francisco Pretrial Diversion Project, Inc.
San Francisco Suicide Prevention, Inc.
State of California, Department of Rehabilitation
Walden House, Inc.
Westside Community Mental Health Center, Inc.
Women's Alcoholism Center, Inc.
Women's Institute for Mental Health, Inc.

FORENSIC SERVICES

Haight Ashbury Free Clinics, Inc. (Jail Psychiatric Services)
H.H. Brady, D.D.S.
MEDS, Inc.

(3.15) Request for a supplemental appropriation of $106,000 from the 1990-91 Board of Supervisors' Reserve Fund for the purpose of establishing a Critical Incidence Response Team for victims of violence.

(3.16) Site approval of proposed relocation of the Mental Health Vocational Services provided by Community Vocational Enterprises.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **CONSIDERATION OF AN ORDINANCE AMENDING SECTION 10.117-58 OF THE ADMINISTRATIVE CODE TO TRANSFER RESPONSIBILITY FOR ADMINISTERING THE SUBSTITUTE PAYEE PROGRAM TRUST FUND FROM COMMUNITY MENTAL HEALTH SERVICES TO THE PUBLIC ADMINISTRATOR/ PUBLIC GUARDIAN**

6) **CONSIDERATION OF THE SAN FRANCISCO DEMONSTRATION COUNTY ALCOHOL AND DRUG PROGRAM PLAN, FISCAL YEAR 1990-91**

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
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Secretary

TEL: (415) 554-2666

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MINUTES OF THE HEALTH COMMISSION MEETING TUESDAY, May 7, 1991 3:00 P.M. 101 Grove Street, Room 300 San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

Absent: Commissioner Paul Rosenstiel

2) APPPROVAL OF MINUTES OF SPECIAL MEETING OF APRIL 9, 1991 AND REGULAR MEETING OF APRIL 16, 1991

Action Taken: The Commission adopted the minutes of the special meeting on April 9, 1991 and the regular meeting on April 16, 1991.

In behalf of the Commission, Commissioner Naomi Gray made a special presentation of a Certificate of Appreciation to Gladys Jones, R.N., who is retiring after 31 years of service at San Francisco General Hospital. Commissioner Gray highlighted one of the milestones of Mrs. Jones' career which was being the first African American to be in charge of the Emergency Room at San Francisco General Hospital.

President Sanchez, in celebration of May being National Seniors Month, acknowledged the Community Public Health's, Office of Senior Health Services, Community Home Injury Prevention Program for Seniors (CHIPPS), as the 1990 recipient of the Secretary of Health and Human Services Award of Excellence for Community Health Promotion Programs. Bruce Lilienthal, Chairman of the CHIPPS Advisory Council, acknowledged the hard work of the staff and volunteers of the CHIPPS program.

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Edward Chow, M.D.)

(3.1) DPH - Finance - Request for surplus transfer of funds within San Francisco General Hospital ($915,000), Laguna Honda Hospital ($439,945), and Central Office ($652,440) totaling about $2 million to address year-end technical clean-ups within Division accounts.

(3.2) Request for approval of ordinance amending City Administrative Code to allow the department to expend interest earned on AB 75 funds without Request for Supplemental Appropriation.

(3.3) Request to approve revised fees for Bureau of Environmental Health services.

(3.4) SFGH - Finance - Request for sole source approval with UCSF Medical Center in the amount of $720,000/a year, to provide a wide range of highly specialized medical and surgical services for SFGH patients who qualify for the San Francisco Medically Indigent Adult Program for the period of July 1, 1991 through June 30, 1995.

This item was postponed.

(3.5) SFGH - MIS - Request for sole source approval with Shared Medical Systems in the amount of $87,600, to provide software license and consulting services to interface INVISION with the new Bedside Computing System, the Medical Records Systems, and to accept wanded barcoded charges directly, for the period of July 1, 1991 through June 30, 1992.

(3.6) CPHS - Request to accept and expend a grant in the amount of $225,939.79 from the State Water Resources Control Board, to provide cleanup activities at leaking underground storage tank facilities for the period of July 1, 1991 through June 30, 1992.

(3.7) CPHS - Request to accept and expend, as subgrantee, a continuation grant in the amount of $193,808 from the San Francisco Community Clinic Consortium, to provide primary health care and substance abuse services to the homeless population of San Francisco for the period of January 1, 1991 through April 30, 1991.

(3.8) CO - AB75 Capital Outlay - Request from the City and County of San Francisco Department of Public Health AB75 Non-County Hospital Capital Outlay to grant to Chinese Hospital the amount of $105,000 for purchasing General Electric x-ray diagnostic equipment of the period of May 15, 1991 through June 30, 1994.

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Baker Places, Inc.
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MEDS, Inc.

Commissioner Ludington raised his concern that the contracting process needs to be in a timely manner and not on a retroactive basis.

Commissioner Kaufman questioned why Liberation House was on the list of continuing contractors. Dr. Wayne Clark stated that Liberation House is to be eliminated from the list.

(3.15) Request for a supplemental appropriation of $11,760 for one month (annualized $141,000) from the 1990-91 Board of Supervisors' Reserve Fund for the purpose of establishing a Critical Incidence Response Team for victims of violence.

(3.16) Site approval of proposed relocation of the Mental Health Vocational Services provided by Community Vocational Enterprises.

Action Taken: The Commission approved the Consent Calendar, except for #3.4, which was postponed. Commissioner Chow abstained on #3.8; and Commissioner Sanchez abstained on #3.9.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

SAN FRANCISCO GENERAL HOSPITAL ADMINISTRATOR

- Appointment of Executive Administrator: Last Friday, I formally announced the appointment of Richard D. Cordova as the new Executive Administrator of San Francisco General Hospital. Mr. Cordova is currently the Administrator of Los Angeles County+University of Southern California Medical Center and will come to San Francisco in July after a 19 year career in health care services with Los Angeles County.

  I am convinced that Richard Cordova has the skills and vision to lead San Francisco General in the 1990's. He will bring strong leadership and an understanding of financing that the hospital needs, along with a demonstrated ability to bring people together and inspire the best patient care. It is my pleasure to introduce Richard D. Cordova.

  While there will be ample opportunity to acknowledge Phyllis Harding for serving as Acting Administrator , I want to thank her for the leadership she has provided for the past 10 months. She has performed admirably during a difficult period.

STATE BUDGET

- Governor's Revised Budget: Governor Wilson released a revised budget on April 25th, including the realignment of State public health (AB 8), indigent care (MISP and SLIAG), mental health, and In-home Supportive Services programs to counties. The Governor's proposal calls for $2.345 billion in program realignment to counties, and $2.412 billion in revenues. Included as revenue sources for the realigned health and welfare programs are vehicle licensing fees and a 1/2 cent sales tax increase. Overall, the Governor is proposing a 1 1/4 cent sales tax increase: 1/2 would be "temporary", 1/2 permanent and dedicated to counties for realignment, and 1/4 permanent and dedicated to the State.

  In an unprecedented move, the legislature convened a Joint Budget Conference Committee the last week of April. The Budget Conference Committee has responsibility for developing the State's Budget legislation. Initial testimony was heard on program realignment proposals, and the Committee voted to adopt realignment principles that have been developed by the Department of Finance and the California Supervisors Association of California (CSAC). The Conference Committee also approved the Governor's proposed reductions totaling $1.258 billion.

  At the Conference Committee's direction, staff subcommittees will begin crafting the legislation to implement the realignment proposal. At a minimum, there will be subcommittees for Allocation methods and Program Design. The Department of Public Health will be closely involved with the County's advocate in monitoring and participating in this process, which is moving very quickly.

- DPH Response to Realignment Proposal: The Governor has proposed a new State/Local Program Realignment (SLPR) that would transfer responsibility for public health, mental health and indigent care programs from the state to the counties. The transfer would be accompanied by revenues from an increase in the vehicle license fee and a half-cent increase in the sales tax, as well as new local government authority to generate additional revenues to cover program costs. We have grave reservations about the ability of the new revenue sources to keep pace with program costs and about the health policy implications of divesting the state of responsibility for critical health care programs. But there appears to be sufficient political support for the realignment proposal to assure its passage through the legislature. Counties have apparently accepted the administration's rationale that the promise of new revenues, although they may not be sufficient to meet full caseload growth, is preferable to continued deep cuts from the state.

  If realignment is to occur, certain conditions are essential. The County Supervisors Association of California (CSAC) has developed a set of principles and conditions for realignment with which we largely agree:

  - Any transfer or Program Realignment proposal should be designed to help both the State and Counties maximize their service delivery responsibilities and solve their cyclical and structural budget crises.

  - The revenues provided in the base year should be at least as great as the State's expenditures for the programs transferred and cover both direct and indirect costs.

  - Counties and the State should jointly develop program eligibility guidelines and scope of services which can be supported by the designated revenues in order to provide a minimum level of services among all Counties.

  - The State's requirement for a county maintenance of effort, in any given year, must be limited to the amount of State dollars expended for the program in that year.

  - Programs should be transferred to Counties in a manner which allows Counties to maintain or maximize federal dollar contributions.

  - There should be protection against the State being able to add requirements in future years, without adequate funds, to those programs which have been transferred.

  The principles offered by CSAC focus on the autonomy of Counties and the need to ensure that designated revenues are sufficient for program responsibilities that are transferred to Counties. In addition, we think there must also be principles which address the necessity of the State to continue to be involved in providing health services to its residents and which implement the program eligibility guidelines and scope of services described above.

  - Proposals have been advanced which describe a trigger mechanism to limit program growth to the level of designated revenues. While that proposal protects the Counties from what could amount to an unfunded mandate from the State, it does not guarantee that program eligibility guidelines and the minimum level of services jointly developed by the Counties and the State (see above) would be adequately funded. Accordingly, we propose

instead as a condition of realignment that the State maintain responsibility for supplementing revenues to guarantee that Statewide eligibility guidelines and minimum level of services are adequately funded. One method of implementing this principle could be for the State to adopt a "hold harmless" provision for Counties, as has been done with SLIAG and MISP funding. Moreover, we would argue that any articulation of Statewide eligibility guidelines or minimum level of services be clearly established as a State responsibility.

- The Governor has consistently described the direction of designated revenues as a dollar-for-dollar allocation of programs transferred to Counties. We are in support of that concept. Proposals have also been advanced for any excess funding from designated revenue sources to be allocated in a manner that strives to achieve equity, which is to be defined. While we would be pleasantly surprised to be confronting the problem of excess revenues, our concern, shared by the Legislative Analyst's Office, is that revenues will not keep pace with program costs. The LAO estimates, for example, that current costs of the MISP program are nearly $1 billion Statewide, but the State provides less than $300 million. In the more likely event that revenues will not keep pace with the costs of the newly transferred programs, it is critical that the principle of equity not be interpreted as bringing all Counties to a lower standard of care, but rather that base funding take into account need, historical patterns of utilization and prior expenditures. As a principle of funding, it is essential that the State support the maintenance of effort in Counties that have historically exceeded any proposed new definition of minimum standard of care as well as assist Counties to achieve it if they have not previously been able to do so.

- While we support the principle that county and State overhead costs should be reduced and minimized in order to allow more dollars to be spent on services, we would also point out that realignment transfers responsibility for administering major programs from the State to the Counties. We therefore think it is essential that the added administrative burden on Counties be acknowledged and funded adequately.

- We propose that the legislation which implements all of the realignment proposals contains a sunset clause set for two or three years after the transfer occurs. The time limit on the program transfer would also contain a provision for an evaluation of the programmatic, fiscal and health status consequences of realignment and allow for the possibility of a reconfiguration of responsibilities to address any problems identified .

AIDS OFFICE

- AIDS Drug Program (ADP): As of March 15, 1991, SFGH began the implementation of State-mandated (AB 1724) eligibility and co-payment for enrollees in the ADP. During the first 30 days of implementation, 101 patients have had prescriptions filled and had eligibility verified; of these 101, only three patients were found to be in an income bracket where co-payment was required. Although these findings represent only the first month of eligibility verification and implementation of the co-payment schedule, they strongly suggest that the self-reporting of income by enrollees has been accurate. The vast majority of patients currently enrolled in the ADP in San Francisco (97%), will not likely be affected by institution of the co-payment requirement. Furthermore, the implementation

of AB 1724 in San Francisco does not appear to have any significant capability to generate revenue which could have offset the State's projected budget deficit for the ADP, given current utilization trends in San Francisco and Statewide.

- DPH/SFGH Collaborative Clinical Trial: Dr. Sandra Hernandez and Dr. Eric Goosby will be co-investigators of a prospective comparison of Zidovudine (AZT) effects on CD4 cell counts in HIV-infected Caucasians, African Americans, and Latinos. The study was developed to address and resolve the controversy that a Veteran's Administration study raised regarding efficacy of AZT among African Americans and Latinos. The UCSF sponsored study is designed to follow African American, Latino, and non-ethnic minority Caucasians prospectively for response to AZT. Enrollment for this clinical trial is underway at SFGH's Ward 86. Researchers expect to have data from this study within nine to twelve months. This pilot study is the first of its kind designed at the outset to study potential racial or ethnic differences in response to anti-retroviral therapies.

SAN FRANCISCO GENERAL HOSPITAL

- Medical Surgical Unit: The hospital has "downsized" the medical surgical beds, effective May 3. The decline in med/surg census has resulted in the closing of 3D and the reallocation of budgeted beds among the other units. Budget constraints and patient demand no longer justify 275 med/surg beds. The new configuration will support 242 med/surg beds and 80 psychiatric bed

- Drug Disallowances: The City has filed an "At-Issue Memorandum" against th State for denial of MediCal reimbursement for hospitalized patients at SFGH who were treated with DHPG.

- Hospital Management Forum: The hospital's Management Forum, a committee of front line managers has implemented an Employee Suggestion Program. The program is directed toward finding: ideas that address financial concerns (reducing costs or improving efficiency); ideas that better service our patients or our community; and ideas that address workplace safety or morale. Criteria for a winning suggestion includes ease of implementation. The hospital will report the results of this program in the Fall.

- Central American Refugee Center: Marianne Balin, Director of the hospital' Patient Education Unit will be honored at a dinner sponsored by the Central American Refugee Center on May 9 for her special role in increasing access to health care for newcomer residents, advocating for services for undocumented Central American refugees, and publishing a resource guide. Since 1987, Ms. Balin has chaired the Refugee and Immigrant Health Task Force, an advisory body of community agencies and DPH programs, that report to the Director of Health.

LAGUNA HONDA HOSPITAL

- Youth Service Day: On Saturday, April 27, Bay Area Strive for Five in conjunction with the San Francisco School Volunteers, LHH and Safeway Store sponsored Youth Service Day for high school students. Handrails, exterior walls and doors were painted, picnic benches built, and paths were cleared. A barbeque was held with an opportunity for the students and other volunteers to be thanked personally by Laguna Honda residents. The activities concluded with a ceremonial tree planting. Commissioner Gray an I attended the day's events.

- FreeWheelers Statewide Award: FreeWheelers, Inc., one of five volunteer organizations at LHH, was chosen to receive the 1991 Community Service Award by the California Association of Homes for the Aging (CAHA). The award was presented this morning at the opening ceremonies of the CAHA Annual Meeting in Palm Springs. LHH nominated the FreeWheelers for this Statewide competitive award.

- Federal Site Visit of AIDS Unit: The AIDS and expanded hospice unit was visited by Mr. Jack Moss, the Director of the Federal Office of Facilities Assistance & Recovery on May 2. The development of Ward 04 was completed one year ago with Federal grant funds in conjunction with the DPH AIDS Office. The Region IX Office considers this project an exemplary national model.

- Emergency Preparedness: The hospital participated in the citywide emergency preparedness drill on April 16 -18 and served as DPH command headquarters during this exercise exercise. The hospital's internal emergency preparedness plan was also tested on April 19 when 24 simulated casualties were processed through its medical triage system. LHH will evaluate the drill results to consider further improvements to its emergency readiness.

- National Volunteer Week: Over 280 Laguna Honda volunteers were honored at a luncheon during National Volunteer Week, April 21 - April 27. This year's slogan was "Volunteers Bring Beauty to Life" and LHH volunteers were offered a complimentary professional photograph. Commissioner Gray attended the special luncheon.

COMMUNITY PUBLIC HEALTH SERVICES

- Director of Dental Services: Dr. Gerry Oliva has announced the appointment of Dr. Nemesio Paredes as permanent Director of Dental Services. Dr. Paredes has worked in the Dental Bureau for twenty years and has been Acting Director for the past five and one half years. The Department looks forward to his guidance in the upcoming period of fiscal constraints.

- Bureau of Epidemiology & Disease Control/Cholera: An outbreak of cholera is now being reported from Peru, Ecuador, Colombia, and Brazil. Cases have also occurred in Chile, Florida and New Jersey. It is believed that the outbreak will increase to include Central America as well as South America, however, cholera is unlikely to become epidemic in the US because our sewage systems and water systems are well developed. Nevertheless, imported cases are eventually expected. SFGH Hospital has been alerted and the Department has reminded care providers to think of cholera when caring for patients with diarrhea and consider requesting special culture procedures.

- Bureau of Epidemiology & Disease Control/TB: Earlier, an outbreak of TB was reported in an AIDS conjugate living site. Twelve of 23 residents had pulmonary TB. The outbreak was unusual in the rapidity of progression from exposure to active disease as well as in the attack rate. All residents and staff have been screened and appropriate prophylaxis has been prescribed. Policy regarding screening has been strengthened for other similar sites. This outbreak represents another demonstration of the significant affect that HIV infection has regarding other infectious diseases.

  SFGH and several clinics have observed an increase in the number of TB skin test conversions among members of their staffs. The hospital has responded with improved implementation of respiratory precautions for patients. Ventilation systems in the hospital and other sites are being evaluated to

determine what if any improvements can be made to limit recirculation and/or to use ultra violet light to kill TB bacilli. Schedules for TB skin testing have been increased from annually to biannually in selected areas. Finally, clinicians have been reminded to increase the index of suspicion of TB in patients with respiratory symptoms.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Director of DMSF: Florence Stroud has assumed day to day responsibility for this Division in addition to CPHS during the transition. The Civil Service Commission has agreed to schedule examinations for a new Director so a permanent appointment, rather than an interim, can proceed rapidly.

- Director of Forensic Services: As most of you are aware, Dr. Thomas Peters has resigned from the Department and has assumed the position of Director of Health and Human Services in Marin County. I know the Health Commission join me in thanking him for 16 years of service with the San Francisco Health Department and wish him every success in his new position. I look forward to working with him as a fellow Bay Area Health Director.

  In behalf of the Commission, President Sanchez presented a Certificate of Appreciation to Dr. Peters and acknowledged Dr. Peters' work with the Commission since its inception.

  In addition to his other duties, Dr. Larry Meredith will assume day to day operations of Forensic Services during an interim period.

- Mount Zion Crisis Clinic: The City Services Committee has scheduled a heari on Supervisor Alioto's resolution on Thursday, May 9 to urge funding for the continuation of the current level of services at the Clinic in FY 1991-92.

CENTRAL OFFICE

- Bureau of Environmental Health: Two inspectors from the Bureau will conduct the annual inspection of Camp Mather prior to its season opening. Camp Math is operated by the Recreation and Park Department and is a popular summer recreation facility for City families. Bureau staff will conduct a week lon food handler's course for Camp personnel and take water samples at the site.

- Bureau of Toxics, Health and Safety Services: At the request of the San Francisco Coalition of Neighborhoods and the Hunters Views Tenant Associatio staff investigated concerns related to ongoing asbestos abatement work in th housing projects. Following the investigation, staff met with the Housing Authority to review the findings. Meetings will be held with community grou to discuss their concerns and to provide a forum for information exchange. The Housing Authority will continue to work with the Department to assure th the asbestos abatement projects are conducted properly and that tenants are kept informed.

EMERGENCY MEDICAL SERVICES

- EMS Week: May 12 through 18 is EMS Week and the theme this year is, "The Te That Cares!". During the week, the EMS Agency and paramedics will visit loc elementary schools to discuss pertinent safety tips. In addition to targeti school children, the EMS Agency has invited members of the Board of Suprviso to participate in honoring the Department's dedicated prehospital personnel riding along with the paramedics in an ambulance.

Dr. James Pointer, Medical Director of the EMS Agency, Dr. Charles Saunders, Medical Director of the Paramedic Division, and I invite the Health Commmission to take an ambulance ride with our paramedics and tour Central Medical Dispatch (CMED). Please call Dr. Charles Saunders (or Ann Folan), 554-2900 to schedule an ambulance ride and tour CMED.

PRESIDIO/LETTERMAN HOSPITAL

- Downsizing and Closure of Letterman Army Medical Center: At the last Health Commission meeting, I indicated the Department would report on the effects of the planned closure of Letterman Army Hospital on health services in San Francisco, particularly as it relates to the Health Department. Staff from various DPH Divisions have been involved in meetings with Letterman and Presidio staff and the following is a brief summary of those discussions:

  San Francisco General Hospital: Under the Army's current plan to downsize and close Letterman Army Medical Center (LAMC), the hospital will be reduced to 100 acute care beds as of the summer of 1991. The residency training program will be reduced on July 1, 1991 except for ophthalmology which will not be reduced until the summer of 1992 and psychiatry residency, which will remain with reduced inpatient beds. Of the 35,000 patients (not active duty personnel) served by Letterman, 20% are over age 65, and 20,000 live within a 40 mile radius of San Francisco. Letterman will provide brochures available to patients who request referral information, including patient referral information from SFGH. Letterman physicians will be giving their patients a referral list of physicians/clinics interested in accepting patients. While the full effects on San Francisco General Hospital are not known at this time, the effects may be minimal.

  EMS Agency: The Presidio has historically operated its own comprehensive Emergency Medical Services program with 24 hour answering/dispatch from its Fire Department with fire rescue vehicles as first responder and transport by two BLS ambulances staffed with EMT-I's stationed at Letterman Emergency Department to the hospital. The downgrading of LAMC Emergency Department effective July 1 directly impacts the Presidio's EMS system and the EMS Agency has been meeting with the Presidio staff on options for transporting emergency medical patients to community hospitals. Paula Jesson is reviewing two legal concerns: 1) effect of City ambulance ordinance regarding Federal BLS ambulance emergency transports off the Presidio; and 2) obligation of the City to provide EMS services to the Presidio.

  Toxics: Toxics staff have been assigned to work with City Planning and review responsibility for toxic issues related to the closure of the Presidio; contaminated sites, asbestos, PCBs, and underground storage tanks.

  Environmental Health: The Bureau is involved in issues involving solid waste and refuse service, sewer and storm drains, water system, and vector control.

  AIDS Office: The AIDS Office has been involved in discussions regarding the re-use of Letterman for AIDS chronic care.

  Long-Term Care: The Mayor's Office has also been involved in discussions on the City's lease option on the Public Health Service Hospital and an exchange for guarantee of access to chronic long term care beds at Letterman.

In order to coordinate all of the discussions between the Health Department and Presidio/Letterman, I have asked Abbey Yant, Assistant Director of the EMS Agency to act as point person to provide oversight for the Department. A meeting will be scheduled with all DPH staff involved.

APRIL STATISTICS

- AIDS Statistics (from 7/1/81 to 4/30/91)

Total San Francisco cases:	10,414
Total San Francisco deaths:	7,221
Total S.F. cases for April:	190
Total S.F. deaths for April:	144

- Laguna Honda Hospital

Average Daily Census:	1,077
Acute Med/Surg:	6
Acute Rehab:	3
Clarendon Hall:	166
AIDS SNF:	10

- Mental Health

SFGH/Acute Psychiatric Beds:	72
(19 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	0

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
Heath Center #1	2,373	1,166	3,539
Health Center #2	481	427	908
Health Center #3	1,493	736	2,229
Health Center #4	796	895	1,691
Health Center #5	1,836	422	2,258
Tom Waddell Clinic		2,567	2,567
Potrero Hill H. C.	407	671	1,078
Southeast H.C.	433	901	1,334
Youth Guidance Ctr.	2,907	843	3,750
TOTAL	10,726	8,628	19,354

Disease Control Visits:

TB Clinic	2,647
STD Clinic	2,287

5) **CONSIDERATION OF AN ORDINANCE AMENDING SECTION 10.117-58 OF THE ADMINISTRATIVE CODE TO TRANSFER RESPONSIBILITY FOR ADMINISTERING THE SUBSTITUTE PAYEE PROGRAM TRUST FUND FROM COMMUNITY MENTAL HEALTH SERVICES TO THE PUBLIC ADMINISTRATOR/ PUBLIC GUARDIAN**

Linda Wang, Mental Health Administrator, provided the following information:

At the direction of the Mayor's Office, the budget request for Division of Mental Health, Substance Abuse and Forensic Services (DMSF) for FY-1991-92 reflects the transfer of the Subpayee Program from DMSF to the Public Guardian. The Department has been meeting with the Public Guardian to negotiate the transfer of funding and service responsibility for the money management services for our mentally ill clients. This was recommended in a report initiated by the Mayor's Office conducted by CORO Foundation trainees last year. The recommendation was made based on a judgment that the money management functions currently provided could be streamlined by having all administered by the Public Guardian's Office.

Transfer Issues/Changes:

1. The funding to be transferred from the DMSF budget to the budget of the Public Guardian for FY 1991-92 amounts to $180,000. This money will be used to pay for four (4) positions and operating expenses.

2. The change in the Administrative Code proposed by the Public Guardian would cancel the authority of the Department of Public Health, Community Mental Health Services to provide subpayee services for clients in the community, and vest the authority in the Office of the Public Administrator/Public Guardian.

3. The development of an MOU between DMSF and the Public Guardian's Office will serve to lay a foundation for the sharing of clients and the responsibilities of each entity. This would form a basis for a fine tuning which would occur in the first year of provision of subpayee services under the Public Guardian. The MOU should include such matters ad provisions for what would occur if the demand or need for services surpasses the current caseload of 500 clients being money managed by DMSF in the community, how staff of each department will work together, what would happen to clients who refused to accept mental health services but need representative payee services, quarterly and annual summary reports on subpayee services provided to mentally disabled clients, access of mental health staff to account information of clients managed by the Public Guardian, etc.

Public Speaker: John O'Brien

Commissioner Underwood expressed her concern for continuity of client case management and the potential for clients falling through the cracks. Ricardo Hernandez, Director of the Public Guardian Office, assured the Commission that his staff will work closely with mental health staff. Dr. Baxter also assured the Commission that the Department will be vigilant on meeting the needs of the clients.

President Sanchez requested that after the transfer becomes effective, a 30 to 60-day follow-up report be provided to the Commission.

Action Taken: The Commission approved Resolution #13-91 (Attachment A)

6) CONSIDERATION OF THE SAN FRANCISCO DEMONSTRATION COUNTY ALCOHOL AND DRUG PROGRAM PLAN, FISCAL YEAR 1990-91

Dr. Wayne Clark, CSAS Director, presented the FY 1990-91 Report of the County Alcohol and Drug Program, which is submitted to the State as part of the process in receiving funding from the State.

Commissioner Kaufman raised her concern that in the report the objectives do not match the goals; and that in the evaluation section, the report indicates there is no on-site annual visit to each contractor. Dr. Clark clarified that part of the report was in error and that annual on-site reviews do take place.

Commissioner Gray voiced her concerns, some of which include:

- The report speaks more to the issue of problems of African Americans and Latinos than to the general population (i.e., middle class, white collar substance abusers).

- Need to examine why more poor African American youth are incarcerated at Youth Guidance Center as opposed to white youth being taken home to their parents.

- The continuing high incidence of gonorrhea and other STD's among African American youth and adults.

- Cocaine - much talk about crack cocaine but not white collar, middle class users of both crack cocaine and cocaine.

- Where did these statistics on drug gangs come from?

- Need to stress the primary indicators for drug and alcohol abuse among Latinos, African Americans, and Indians: racism, economics, and poverty!

- The continual reference to crack cocaine as "cheap", which may not be the case when the addiction could cost $50-$100 a day or more.

- Need to encourage and assist communities in being more pro-active around issues of proliferation of liquor stores and billboards in Latino and African American communities.

Dr. Baxter commented that this report is not a true plan and that at the May 21st Commission meeting, a presentation of the Substance Abuse Master Planning Process will be given.

Action Taken: The Commission approved the San Francisco Demonstration County Alcohol and Drug Program Plan, FY 1990-91 with a letter indicating corrections and that a Master Planning Process will be taking place involving social service agencies, criminal justice agencies, educational institutions, neighborhood groups, and the private sector.

7) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: John O'Brien

The meeting was adjourned at 4:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-91

RESOLUTION APPROVING THE TRANSFER OF THE DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES - SUBSTITUTE PAYEE PROGRAM TO THE OFFICE OF THE PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN

WHEREAS, the Public Administrator/Public Guardian has been providing Substitute Payee Services for clients receiving treatment in Institutes for Mental Disease (IMD),

WHEREAS, the Department of Public Health has been providing Substitute Payee Services for clients discharged from IMD's and for other mentally disabled clients residing in the community to assist in maintaining these individuals in the community,

WHEREAS, the Public Administrator/Public Guardian is able to provide Substitute Payee Services to the mentally disabled clients of the Department of Public Health,

WHEREAS, a consolidated Substitute Payee program will improve efficiency, therefore, be it

RESOLVED, that the Health Commission approves the transfer of the Department of Public Health - Community Mental Health Services Substitute Payee Program to the Office of the Public Administrator/Public Guardian, and respectfully requests the Board of Supervisors to add to the proposed amendment of Administrative Code Section 10.117.58, a provision for

The Department and the Public Administrator/Public Guardian to develop a Memorandum of Understanding delineating roles and responsibilities of each department in relation to the Substitute Payee Program by June 30, 1991, and a provision for

The Public Administrator/Public Guardian to submit a report to the Director of Public Health annually within thirty (30) days of the close of each fiscal year on the status of Substitute Payee Services rendered to the mentally disabled clients of the Department of Public Health.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, May 7, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT A

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

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President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION

Tuesday, May 21, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 7, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Quarterly report on the Department of Public Health budget for FY-1990-91 (Susan Ehrlich).

(3.2) CPHS - Family Health - Surplus transfer in the amount of $12,918 from maternal and child health medical services contract account to its judgment and claims account to pay for audit disallowances in 1987-88.

(3.3) SFGH - Finance - Request for a supplemental appropriation in the amount of $1,516,883 to reflect a change in accounting treatment of materials and supplies beginning with the 1989-90 budget.

(3.4) SFGH - Finance - Request for sole source approval with UCSF Medical Center in the amount of $720,000/a year to provide a wide range of highly specialized medical and surgical services for SFGH patients who qualify for the San Francisco Medically Indigent Adult Program for the period of July 1, 1991 through June 30, 1995.

(3.5) CPHS - Health Promotion - AB 75 Tobacco Control Project - New contract with Wu Yee Children's Services in the amount of $70,307 to provide tobacco use prevention services to Asian, Pacific Islanders, Afro-American women, men, young children, and pregnant women for the period of June 1, 1991 through May 31, 1992.

(3.6) CPHS - Health Promotion - AB 75 Tobacco Control Project - New contract with Chinatown Youth Center in the amount of $80,000 to provide tobacco cessation services to Asian youth for the period of June 1, 1991 through May 31, 1992.

(3.7) CPHS - MIA - Request for a sole source approval with Catholic Charities in the amount of $420,000/a year to provide provision of case management services for homeless persons with AIDS/ARC in a residential program for the period of July 1, 1991 through June 30, 1995.

(3.8) CPHS - STD Control - Request to accept and expend a continuation grant in the amount of $382,598 from the Centers for Disease Control, to provide community-based sexually transmitted disease services and outreach to the residents of San Francisco for the period of September 28,1991 through September 27, 1992.

(3.9) CPHS - STD Control - Request to accept and expend a continuation grant in the amount of $342,861 from Centers for Disease Control, for the period of September 28, 1991 through September 27, 1992 to provide development and evaluation of an intervention to increase condom use, and a sole source request with UCSF, School of Medicine in the amount of $47,469, for the period of March 15, 1992 through March 14, 1993 to provide design implementation and evaluation for this intervention.

(3.10) CO - AIDS - Request to accept and expend, an augmentation to a grant in the amount of $598,442 from the Centers of Disease Control, to provide for the development and implementation of the HIV Early Intervention Networking Pilot Project for the period of January 1, 1991 through December 31, 1991.

(3.11) CO - AIDS - New contract with Catholic Charities of San Francisco in the amount of $550,000 to support the development of a 24-hour dementia care residence for persons with AIDS for the period of June 1, 1991 through June 30, 1992.

(3.12) CO - AIDS - Renewal contract with the Regents-UCSF (AIDS Health Project) in the amount of $564,501 to provide counseling and testing at AIDS antibody alternative test sites and alternative test site outreach targeting racial and ethnic communities for AIDS antibody testing for the period of January 1, 1991 through December 31, 1991.

(3.13) CO - AIDS - First modification of contract with Damon Clinical Laboratories to reduce contract by $44,745 for a revised contract total of $140,600 to provide laboratory services to the City Cohort Research Study for the period of June 1, 1990 through October 31, 1991.

(3.14) DMSF - CMHS - Geriatrics - Renewal contract with the County of San Mateo in the amount of $182,357/a year to provide 24-hour skilled nursing facility and partial day care services for the period of July 1, 1991 through June 30, 1994.

(3.15) DMSF - CSAS - Second modification to the contract with Baker Places, Inc. in the amount of $100,000 as start-up cost in order, to provide waiting period reduction grant services for the period of December 30, 1990 through June 30, 1991.

(3.16) DMSF - CSAS - First modification to the contract with The Friendship House Association of American Indians, Inc. in the amount of $35,000 to provide training events and substance abuse training services for the period of May 1, 1991 through June 30, 1991.

(3.17) DMSF - CSAS - First modification to the contract with the National Council on Alcoholism - Bay Area, Inc. for prevention-type substance abuse treatment services for children in the amount of $52,000 for the period of September 1, 1990 through June 30, 1991.

(3.18) DMSF - CSAS - Second modification to the contract with San Francisco Suicide Prevention, Inc. in the amount of $10,000 to provide professional substance abuse training services for the period of April 1, 1991 through June 30, 1991.

(3.19) DMSF - CSAS - Second modification to the contract with Women's Institute for Mental Health, Inc. in the amount of $58,170 to provide outpatient substance abuse treatment services to women including special perinatal services for the period of July 1, 1990 through June 30, 1991.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **PRESENTATION BY DR. MINDY FULLILOVE ON THE AIDS IN MULTI-ETHNIC NEIGHBORHOODS (AMEN) RESEARCH**

6) **PRESENTATION ON DEVELOPING A MASTER PLAN FOR SUBSTANCE ABUSE SERVICES IN SAN FRANCISCO**

7 **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

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Vice President

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HEALTH COMMISSION

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MINUTES OF THE HEALTH COMMISSION MEETING
Tuesday, May 21, 1991
3:00 P.M.
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 7, 1991

Action Taken: The Commission adopted the minutes of May 7, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Quarterly report on the Department of Public Health budget for FY-1990-91 (Susan Ehrlich).

Susan Ehrlich presented a revised Department of Public Health third quarter revenue and expenditure report, which indicates that the Department is approximately $300,000 (less than 1%) under its revenue budget and $5.9 million (1%) under its expenditure budget, resulting in an estimated net positive bottom line for the Department of $5.6 million, or 1% of its total expenditure budget. This is a more favorable net position than the last quarter.

(3.2) CPHS - Family Health - Surplus transfer in the amount of $12,918 from maternal and child health medical services contract account to its judgment and claims account to pay for audit disallowances in 1987-88.

(3.3) SFGH - Finance - Request for a supplemental appropriation in the amount of $1,516,883 to reflect a change in accounting treatment of materials and supplies beginning with the 1989-90 budget.

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(3.6) CPHS - Health Promotion - AB 75 Tobacco Control Project - New contract with Chinatown Youth Center in the amount of $80,000 to provide tobacco cessation services to Asian youth for the period of June 1, 1991 through May 31, 1992.

(3.7) CPHS - MIA - Request for a sole source approval with Catholic Charities in the amount up to $420,000/a year to provide provision of case management services for homeless persons with AIDS/ARC in a residential program for the period of July 1, 1991 through June 30, 1995.

(3.8) CPHS - STD Control - Request to accept and expend a continuation grant in the amount of $382,598 from the Centers for Disease Control, to provide community-based sexually transmitted disease services and outreach to the residents of San Francisco for the period of September 28,1991 through September 27, 1992.

Commissioner Ludington expressed concern on the length of time for this contract to be completed.

In general, Commissioner Rosenstiel expressed his displeasure on getting contracts retroactive and the delay in ability to provide services. He requested the Department to look at this issue in an organized way because the Commission feels strongly that these concerns need to be resolved.

(3.9) CPHS - STD Control - Request to accept and expend a continuation grant in the amount of $342,861 from Centers for Disease Control, for the period of September 28, 1991 through September 27, 1992 to provide development and evaluation of an intervention to increase condom use, and a sole source request with UCSF, School of Medicine in the amount of $47,469, for the period of March 15, 1992 through March 14, 1993 to provide design implementation and evaluation for this intervention.

(3.10) CO - AIDS - Request to accept and expend, an augmentation to a grant in the amount of $598,442 from the Centers of Disease Control, to provide for the development and implementation of the HIV Early Intervention Networking Pilot Project for the period of January 1, 1991 through December 31, 1991.

Commissioner Gray raised the issue of content of the questionnaire and method of administering the questionnaire to the client population.

(3.11) CO - AIDS - New contract with Catholic Charities of San Francisco in the amount of $550,000 to support the development of a 24-hour dementia care residence for persons with AIDS for the period of June 1, 1991 through June 30, 1992.

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(3.16) DMSF - CSAS - First modification to the contract with The Friendship House Association of American Indians, Inc. in the amount of $35,000 to provide training events and substance abuse training services for the period of October 1, 1990 through June 30, 1991.

(3.17) DMSF - CSAS - First modification to the contract with the National Council on Alcoholism - Bay Area, Inc. for prevention-type substance abuse treatment services for children in the amount of $52,000 for the period of September 1, 1990 through June 30, 1991.

Commissioner Rosenstiel requested clarification on why the contractor now has to do less fundraising.

(3.18) DMSF - CSAS - Second modification to the contract with San Francisco Suicide Prevention, Inc. in the amount of $10,000 to provide professional substance abuse training services for the period of April 1, 1991 through June 30, 1991.

(3.19) DMSF - CSAS - Second modification to the contract with Women's Institute for Mental Health, Inc. in the amount of $58,170 to provide outpatient substance abuse treatment services to women including special perinatal services for the period of July 1, 1990 through June 30, 1991.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

STATE BUDGET

- Update: The Realignment Task Force, co-chaired by Senator McCorquodale and Assemblyman Bronzan, is finalizing three weeks of hearings on programmatic issues relating to the transfer to the counties of indigent health, mental health and specified social services. Issues under discussion include the development of a minimum set of statewide standards, maintenance of effort provisions, and adequacy of new revenues to cover the realigned programs. To date, no consensus has been reached on any of these issues

Both Assemblyman Bronzan and CSAC have agreed in concept to support the development of "county health and welfare trust funds", for the purpose of targeting revenues to realigned health, mental health, and social services programs, rather than create county health authorities. The CSAC proposal recommends three separate trust funds for health, social services, and mental health. CSAC is proposing county flexibility to transfer between 15-20% of the targeted revenues between funds to meet local needs.

Latest reports from the State that deficit projections have increased by $2 billion to an estimated shortfall of almost $14.3 billion are cause for very serious concern.

DPH BUDGET FY 91-92

- Beilenson Hearings: The Board of Supervisors will conduct a Beilenson hearing pursuant to Section 1442.5 of the California Health and Safety Code on Monday, June 24, 1991 in the Board of Supervisors' Chambers. The law requires the Board to hold this hearing so members of the public can testify on the potential impact of recommended funding reductions on direct service cuts in indigent health services, not including mental health, substance abuse, and public health education and social services. It also requires the Board to determine whether or not the cuts are detrimental to the health care needs of San Francisco's indigent residents.

  Beilenson notices will be posted on May 24, 1991 detailing funding reductions as they apply to the Beilenson Act only. An updated listing of all DPH budget reductions, which will be presented at the Commission meeting on June 4, will also be forwarded to the Board of Supervisors. Health Commissioners are invited to attend the Beilenson hearings.

GOVERNOR'S APPOINTMENTS

- Director of Department of Health Services: Last week, Governor Wilson announced the appointment of Molly Joel Coye, M.D., M.P.H. as Director of the Department of Health Services. Prior to serving as Commissioner of Health for New Jersey and in her most recent position as head of the Division of Public Health at the Johns Hopkins School of Public Health, Dr. Coye served as Chief of SFGH's Occupational Health Clinic and as an Associate Clinical Professor in the Department of Internal Medicine and Family Practice at UCSF. Dr. Coye completed her internship in Family Medicine at San Francisco General Hospital.

- Director of Office of Statewide Health Planning & Development: Also last week, Governor Wilson appointed David Werdegar, M.D., M.P.H. as the Director of the Office of Statewide Health Planning & Development. Prior to serving as the Director of Health from 1984 to 1990, Dr. Werdegar was the Associate Dean for the UC School of Medicine at San Francisco General Hospital, professor and chair of the Division of Family and Community Medicine, and served as chief of Family Practice at SFGH.

DPH APPOINTMENT

- Associate Director of Health: I am pleased to announce the appointment of Myra Snyder, R.N., Ed.D, as Associate Director of Health. Dr Snyder will manage the development and implementation of interagency policies and programs for the Department and oversee major interdivisional efforts on behalf of the Director. She will join the Department some time in July. Dr. Snyder has served as Deputy Mayor for Health and Human Services since June 1988. Prior to that, she was Executive Director/CEO of the California Nurses Association.

AIDS OFFICE

- National Commission on AIDS Hearings: The National Commission on Acquired Immune Deficiency Syndrome held hearings in San Francisco on May 16 and 17 at the Hilton Hotel. This was one in a series of hearings and site visits to various parts of the country conducted by the Commission to fulfill its statutory responsibilities to advise Congress and the President on AIDS policy issues.

  On May 16, the Commission focused on society's concepts of sexuality as they relate to the HIV epidemic and government policy. On May 17, the Commission examined the impact of the epidemic on Asian, Asian American and Pacific Islander communities.

- National AIDS Update Conference: The 4th National AIDS Update Conference is underway at the San Francisco Civic Auditorium, May 19 to 22. This year the conference is sponsored by the San Francisco Health Department in conjunction with other state and federal organizations. I joined Mayor Art Agnos in greetings to the delegates at the opening ceremony yesterday morning. Many DPH staff are playing active roles in the program, and others are volunteering to help in the organization and operation of the conference.

- Early Intervention Networks: The Center for Disease Control will supplement San Francisco's CDC Cooperative Agreement for FY 1991 by $407,000 to establish or enhance early intervention networks. San Francisco was one of seven cities awarded this CARE Demonstration project, funded by title III of the CARE budget. The scope of work under this project will include a comprehensive assessment of service capability, data management systems, and referral relationships between counseling and testing programs and primary care/case management services.

SAN FRANCISCO GENERAL HOSPITAL

- Stolen Blood Specimens: At 8:30 am on Friday, May 17, a container used to transport 50 blood specimens from San Francisco General Hospital was stolen from 101 Grove Street. Although the specimens were part of routine screening for syphilis and rubella, the Department proceeded on the assumption that the missing blood specimens could pose a potential health hazard to anyone who might come in contact with the blood if the glass tubes were opened or broken. The Police Department was immediately notified and volunteers joined in an expanded neighborhood search but were unsuccessful in locating the blue and white "igloo" ice chest.

  I have directed San Francisco General Hospital to inventory current procedures and training for specimen transport. I have also directed Dr. Art Back, Director of the Microbiology Laboratory to review all procedures for transport and receipt of specimens.

- Chief of Staff Elect: Dr. Roger Simon, Chief of Neurology, has been elected as Chief of Staff Elect for the 1991-92 academic year, and Chief of Staff for the 1992-93 academic year.

- JCAHO Review: The Joint Commission on Accreditation of Health Organizations conducted a focused review at SFGH on May 8. The hospital received an excellent review and all areas for correction were found to be in compliance. The next expected review will be a full Accreditation Survey during the Fall of 1991. Commissioners Chow and Rosenstiel and I attended the exit conference.

- Occupational Therapy Program: Patients in the Occupational Therapy Pre-Vocational Program in the Department of Psychiatry recently won the J.C. Penney Golden Rule Award for their volunteer activities. Nominated by the Poison Control Center, the patients stuff envelopes, fold brochures, prepare mailings and other repetitive manual tasks. Their work is helpful to the hospital and helps the patients develop work skills, improve cognitive functioning and builds self-esteem.

  The Occupational Therapy Department received a framed certificate and a check for $250 which will be used to enhance the current Pre-Vocational Program.

- 1990 International Conference on AIDS Book: A book, "The Fragile Coalition: Scientist, Activists and AIDS", by Dr. Robert Wachter, a physician in SFGH's Department of Medicine, on the 1990 International AIDS Conference has just been released. Dr. Wachter was the program director of last summer's conference held in San Francisco. The book gives the inside view of the conference and the politics behind the AIDS epidemic. It examines not only the fragile coalition between scientists and activists in AIDS, but also the evolving relationship between patients, doctors, and government in all matters of health policy.

LAGUNA HONDA HOSPITAL

- Annual Fire Marshall Inspection: The State Fire Marshal recently performed the annual Fire Safety Survey at LHH. I understand the hospital staff performed superbly during the survey process and only received a few minor deficiencies which will be corrected in the near future.

- Annual Commission on Aging Inspection: The hospital's senior nutrition program recently received a favorable evaluation from the Commission on Aging survey team. The meal site is co-sponsored by the COA which is mandated to perform an annual kitchen inspection of food providers.

- OBRA - Nursing Compliance: To meet OBRA education program mandates, 1322 hours of classes were held for Head Nurses, R.N.s, L.V.N.s and C.N.A.s; additionally, Laguna Honda was approved as a training site and forty long-term orderlies have completed the required 150 hour course work for certification as nursing assistants. Nine staff, 6 L.V.N.s & 3 C.N.A.s, passed the state RN examination.

- Chicken Pox Outbreak/Food Service Workers: Four cases of chicken pox have been diagnosed among food service workers at Laguna Honda. Control measures have been implemented, including the use of masks for susceptible employees, as well as reassignment of susceptible employees so that they do not have any patient or other staff contact during the course of their work until the end of the incubation period.

- Hospice Update: 61 patients were admitted during the year with an average length of stay of 35 days. The majority had diagnoses of far advanced cancer and were referred from a variety of sources: SFGH 25%; UCSF 17%; other hospitals 32%; from home 19%; and from within LHH 10%. 56% were men and 44% women with the following ethnicity: 43% white; 25% Asian; 15% African American; 11% Hispanic; and 5% Filipino.

- SNF AIDS Unit First Anniversary: The unit staff celebrated one year of service with a pot-luck brunch for other staff and volunteers who have helped support the caregiving team. Since the opening in May 1990, there have been 105 total admissions, 94% male and 14% female, with an average age of 38 and an average length of stay of 34 days. The ethnicity was 61% white; 19% African American; 14% Hispanic; and 6% Asian. Referrals were made from a variety of sources: SFGH 66%; UCSF 15%; St. Francis 6%; Mt. Zion 4%; and 10% from home. The mean number of months between index diagnosis and admission was 14 months (range 1 - 72 months). 60% had serious central nervous system disease and 15% had psychiatric diagnoses.

COMMUNITY PUBLIC HEALTH SERVICES

- "Between Friends" Video: The AIDS prevention video for middle school youth, "Between Friends", produced by Buffy Bunting, health educator at Health Center #1, has been in national distribution since January 1991 with over 40,000 contacts with potential buyers. The film, which features local Latino youth, has won several awards at national and international film festivals.

  By July 1, the video will have been broadcast throughout California. Locally, Channel 44 will televise the video on Monday, May 27 in the ten Bay Area counties with extensive publicity being done by Channel 44. 1,800 Bay Area high schools and middle schools will offer extra credit to students who view the video. In June, "Between Friends" will be televised throughout Los Angeles and San Diego counties on PBS channels. Negotiations are currently pending with television stations in New York and San Antonio.

  The film was developed for national distribution and much deserved credit goes to Ms. Bunting, who planned, produced, and has coordinated distribution of this educational video. A copy of the video is available for loan to any Commissioner who has not yet viewed the film.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Appointment of Director of DMSF: In response to my concern regarding a rapid transition, the Civil Service Commission has agreed to expedite the examination process in the next two months and the search process has begun and will be moving very rapidly. I have asked the Mental Health Advisory Board, the Citywide Alcoholism Advisory Board, and the Drug Abuse Advisory Board to solicit comments regarding qualifications for the position.

- Mount Zion Crisis Center: Supervisor Alioto's resolution before the Board of Supervisors urging funding for the continuation of the current level of service at Mount Zion Crisis Center in FY 1991-92 was continued yesterday to next Tuesday.

CENTRAL OFFICE

Bureau of Toxics, Health and Safety Services: The Small Business Advisory Commission-Green Ribbon Panel and Sanitary Fill Company will co-sponsor a Hazardous Materials Workshop on June 12. The workshop will be presented by the Department of Public Health, Office of the Chief Administrative Officer, and Sanitary Fill Company. The purpose of the workshop is to assist small businesses increase business profits and protect the environment by properly managing hazardous materials and waste, minimizing hazardous materials in the workplace, and complying with hazardous materials and waste requirements.

CIVIL SERVICE TRAINING

- Management Training: The Executive Staff and I have attended two superb all-day management training workshops presented by the the Civil Service Commission. Both the workshop, "The Supervisor as Coach" and executive seminar, "Managing Complex Change" were presented by Anne Godfrey, Director of Management Development, and CSC staff and consultants.

  Three-day training sessions will be available to DPH management staff. Laguna Honda Hospital's senior administrators recently completed the workshops and Community Public Health Services staff participated in these excellent training sessions earlier.

APRIL STATISTICS

- San Francisco General Hospital

Inpatient

Average Daily Census	(except newborns):	324
	Newborn Nursery:	21
Actual Patient Days	(except newborns):	9,727
	Newborn Nursery:	618
Admissions (except newborns):		1,549
	Newborn Nursery:	159
Average Length of Stay	(except newborns):	6
	Newborn Nursery:	3
Discharge Patient Days	(except newborns)	9,334
	Newborn Nursery:	530
Discharges (except newborns):		1,558
	Newborn Nursery:	157

Outpatient Visits

Primary Health	
Family Health:	3,205
General Medicine:	2,116
Pediatric:	3,101
OB/GYN:	2,681
Specialty Clinics:	11,488

All other April statistics were reported on May 7.

5) PRESENTATION BY DR. MINDY FULLILOVE ON THE AIDS IN MULTI-ETHNIC NEIGHBORHOODS (AMEN) RESEARCH

Dr. Fullilove, formerly Director of the Multicultural Inquiry and Research on AIDS and Principal Investigator of the AMEN Study and currently Principal Investigator of the Substance Abuse Core of the HIV Center of Columbia University and the New York State Psychiatric Institute, presented an overview of the AIDS in Multi-Ethnic Neighborhoods, which was a joint research project conducted by the Multicultural Inquiry and Research on AIDS Project of Bayview Hunter's Point Foundation and the UCSF Center for AIDS Prevention Studies with the support of a National Institute of Mental Health AIDS Research Center grant.

Dr. Fullilove emphasized that the uniqueness of this research is that this is a study of households (in the homes) in three high-risk neighborhoods and could not have been done without the active support of the San Francisco community. Dr. Fullilove outlined the following:

Significance

It is well established that gay men and intravenous drug users are infected with HIV at substantial rates. Where infection will spread is not known.

In designing the AMEN study, the investigators chose neighborhoods that were thought to be at risk for HIV because of sexually transmitted disease, injection drug use, and heterosexual cases of AIDS.

Investigators did a household study because this method allows one to generalize to people in the community. By contrast, clinic studies, hospital studies, or military studies are only representative of special and poorly defined groups.

Methods

Investigators selected households in the Western Addition, Bayview-Hunter's Point and The Mission, and asked all single adults, 20-44, who lived in the household to participate. The study team conducted a 45-minute interview and asked people to give blood for HIV testing. Those who participated in HIV testing were given pre and post-test counseling.

Results

A. Who was in the study: 1770 people, approximately equally divided among men and women, participated in the study. 42% were white, 25% Black, 25% Hispanic, and 8% other.

B. Seroprevalence: 5% among the 1378 respondents who donated blood were HIV positive. 39% of homosexual and bisexual men were HIV positive, 59% among homosexual/bisexual male injection drug users, 5% among heterosexual injection drug users, and less than 1% among those with no known risk factors were HIV positive.

C. Drug Use: 65% of the sample reported illicit drug use in the past year. 40% had used marijuana, 8% had used crack, 32% had used other illicit drugs, and 3% reported injection drug use.

D. Sex and Drugs: 23% of the sample had used drugs with at least one partner during sexual intercourse in the previous 12 months. This behavior was more prevalent among men than women, among whites than non-whites, and among those with a positive HIV antibody test. The frequency of the behavior was positively correlated with the number of sexual partners.

E. Crack Use: as noted, crack users were 8% of the sample. Among crack users, half were Black. Crack users tended to be poly-drug users and were more likely to report sex under the influence of drugs than non-crack users.

F. HIV Testing Behavior: 28% of the sample had been tested for HIV antibodies and 79% of those who had been tested had received their results. Gay and bisexual men were more likely to have been tested and to have received their results than heterosexual men. Among heterosexuals, fewer Blacks had been tested than those in other racial groups.

G. Predicting Risk Behavior: the study also examined predictors of: 1) respondents' assessment of their level of risk for HIV infection, and 2) use of condoms. Accurate risk assessment is related to the strong feeling that one is susceptible to HIV. Condom use during vaginal or anal intercourse is related to better sexual communication, higher perceived benefits of these behaviors, and lower perceived costs.

Conclusions

Outside of the gay and intravenous drug using communities, seroprevalence is low but levels of risk behavior are not low.

- Drug use in San Francisco is more common than in national surveys.
- Drug combined with sex is common and is an important HIV risk behavior.
- The highest seroprevalence levels are among gay men who are also intravenous drug users.
- People at risk are still hesitant to find out their HIV antibody status.

Policy Implications

- We need to consider drug use and sexual behavior, individually and in combination with one another, in developing AIDS prevention interventions.
- This will require a multimodal approach to initiating and maintaining safer sexual and drug use practices.

Dr. Fullilove pointed out that the study shows that in reality there is risk in the general population and that the general population needs to be carefully informed.

Dr. Stephen Hulley, UCSF Center for AIDS Prevention Studies, emphasized that because there is presently a low percentage of HIV infected persons from minority communities, there should be more emphasis on preventive strategies in minority communities.

President Sanchez thanked Dr. Fullilove and her colleagues for presenting the results of this study, which will be useful in the planning and development of programs and services.

6) PRESENTATION ON DEVELOPING A MASTER PLAN FOR SUBSTANCE ABUSE SERVICES IN SAN FRANCISCO

Dr. Wayne Clark, CSAS Director, presented an overview of the strategies to meet the requirements of SB 2599, which requires each County, through a Master Plan Advisory Body, to develop a County Master Plan to reduce drug and alcohol problems.

I. Requirements for Master Plan Counties

Identify the extent and needs of any populations within the County currently unserved, underserved, or not impacted.

Conduct long and short-term planning and needs assessment activities resulting in a local plan for coordination and delivery of services, efforts and activities.

Develop local systems and interagency commitments to ensure interagency coordination, collaboration, information-sharing and joint problem resolution.

Respond to requests from ADP for available local information and input relating to the implementation of SB 2599.

Prepare a Five-Year Master Plan to Reduce Drug and Alcohol Problems.

II. How San Francisco County Will Address These Goals

- Develop a data base of all commissions, advisory boards, community based organizations, service providers, parents, youth, businesses, church and neighborhood groups, etc., impacted by substance abuse and request their participation.
- Institute a quarterly newsletter to inform all participants and communities of the Master Plan and encourage participation.
- Conduct at least four community forums in four of the eight target neighborhoods to gather information and feedback.
- Conduct a major Drug Summit for policy development and public/private partnerships.
- Launch a major education and community relations campaign related to the Master Plan.

The first meeting of the Master Plan Advisory Board will be May 30, 1991 from 9:30 a.m. to noon at the Southeast Community College.

Commissioner Gray requested that the information and data presented by Dr. Mindy Fullilove from the AMEN (AIDS in Multi-Ethnic Neighborhoods) research be incorporated into the Master Plan.

7) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: Sal Salvati, BAART
John O'Brien
Susan Rosenthal, SEIU 790

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

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President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Raymond J. Baxter, Pn.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION

Tuesday, June 4, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 21, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Request approval of a Bond Sale Supplemental Appropriation Request in the amount of $23,000,000 for construction of the Skilled Nursing Mental Health Facility.

(3.2) Finance Committee. Request for resolution fixing the Patient Day Rates for services furnished by the Department of Public Health for the period effective July 1990.

(3.3) CPHS - STD Control - Request to accept and expend a continuation grant in the amount of $1,395,847 from the Centers for Disease Control, to provide surveillance, investigation and treatment of sexually transmitted diseases to the residents of San Francisco for the period of January 1, 1992 through December 31, 1992.

(3.4) CPHS - Homeless Programs - Request to accept and expend a continuation grant in the amount of $581,424 from the San Francisco Community Clinic Consortium, to provide health care and substance abuse services to the homeless residents of San Francisco for the period of May 1, 1991 through April 31, 1992.

(3.5) CPHS - Homeless/MIA - Request for a sole source approval with Central City Hospitality House in the amount of $550,000/a year, to provide an informal drop-in center peer-oriented counseling, self-help groups, training, advocacy and socialization programs for the period of July 1, 1991 through June 30, 1995.

(3.6) CPHS - Refugee Services - Third modification to the contract with International Institute in the amount of $14,809, extending the Ad Valorem funding program of the contract for the period of July 1, 1991 through September 30, 1991.

(3.7) CO - EMS - Request for a sole source approval with King American Ambulance Company, Mercy Life Care, and San Francisco Ambulance Service in an amount not to exceed $75,000 to provide back-up ambulance services for emergency medical calls when city ambulances are unable to respond for the period of July 1, 1991 through June 30, 1992.

(3.8) DMSF - CSAS - Second modification to the contract with Horizons Unlimited of San Francisco, Inc. in the amount of $101,444, to provide provision of prevention-type substance abuse services and non-residential substance abuse counseling services for adolescents for the period of April 1, 1991 through June 30, 1991.

(3.9) DMSF - CMHS - Child, Adolescent and Family Services - Renewal contract with Oakes Children's Center, Inc. in the amount of $134,723/a year, to provide psychiatric day care services for the period of July 1, 1991 through June 30, 1993.

(3.10) DMSF - CMHS - BAOS - Renewal contract with Patients' Rights Advocacy Services, Inc. in the amount of $153,118/a year, to provide community outreach services for the period of July 1, 1991 through June 30, 1993.

(3.11) CO - AIDS - New contract with the California Prostitute Education Project in the amount of $167,794 to provide street outreach on HIV risks to out-of-treatment IV drug users for the period of June 5, 1991 through June 30, 1992.

(3.12) CO - AIDS - New contract with Glide Foundation in the amount of $57,833 to provide street outreach to intravenous drug and substance users for the period of June 5, 1991 through June 30, 1992.

(3.13) CO - AIDS - New contract with UCSF-AIDS Health Project in the amount of $929,347 to provide site administration and operations of the Early Intervention Resource Center for the period of June 5, 1991 through June 30, 1992.

(3.14) SFGH - Request to approve a Resolution in accordance with the provisions of Charter Section 8.300 (Proposition J) concurring with Controller's certification that Security Guard Service can be performed at a lower cost by a private contractor than by City employees for the period of July 1, 1991 through June 30, 1992.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **CONSIDERATION OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS OF SAN FRANCISCO GENERAL HOSPITAL**

6) **CONSIDERATION OF A RESOLUTION ON HOUSING FOR THE MENTALLY ILL**

7) **UPDATE OF FY 1991-92 BUDGET REDUCTIONS**

8) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

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Secretary

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 4, 1991
3:00 P.M.
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.

Absent: Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 21, 1991

Action Taken: The Commission adopted the minutes of May 21, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Paul Rosenstiel)

In response to the Commission's concern and priority for the contracting area, Dr. Raymond Baxter, Director of Public Health, reported that an all-day session with appropriate representatives to review contract procedures will be held with an outside facilitator. The contracting issue is an area of priority that Dr. Baxter would like to see resolved.

Dr. Baxter also provided an update on the State budget and realignment proposal (see Director's Report).

(3.1) Request approval of a Bond Sale Supplemental Appropriation Request in the amount of $23,000,000 for construction of the Skilled Nursing Mental Health Facility.

(3.2) Finance Committee. Request for resolution fixing the Patient Day Rates for services furnished by the Department of Public Health for the period effective July 1990.

Because of questions raised about the inclusion of other patient fees and the lateness of this request, Commissioner Rosenstiel requested further information on this subject matter.

(3.3) CPHS - STD Control - Request to accept and expend a continuation grant in the amount of $1,395,847 from the Centers for Disease Control, to provide surveillance, investigation and treatment of sexually transmitted diseases to the residents of San Francisco for the period of January 1, 1992 through December 31, 1992.

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(3.11) CO - AIDS - New contract with the California Prostitute Education Project in the amount of $167,794 to provide street outreach on HIV risks to out-of-treatment IV drug users for the period of June 5, 1991 through June 30, 1992.

The contractor requested 6 months to comply with the policy of staff members not being on the Board to avoid conflict of interest.

(3.12) CO - AIDS - New contract with Glide Foundation in the amount of $57,833 to provide street outreach to intravenous drug and substance users for the period of June 5, 1991 through June 30, 1992.

(3.13) CO - AIDS - New contract with UCSF-AIDS Health Project in the amount of $929,347 to provide site administration and operations of the Early Intervention Resource Center for the period of June 5, 1991 through June 30, 1992.

Commissioner Chow expressed disappointment in the lack of comprehensive written information on such a major project.

(3.14) SFGH - Request to approve a Resolution in accordance with the provisions of Charter Section 8.300 (Proposition J) concurring with Controller's certification that Security Guard Service can be performed at a lower cost by a private contractor than by City employees for the period of July 1, 1991 through June 30, 1992.

Public Speaker: John O'Brien

Action Taken: The Commission approved the Consent Calendar of the Budget Committee

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.

STATE BUDGET

- Realignment Update: The Realignment Proposal will be put into a bill, AB 1491, which the Realignment Conference Committee hopes to advance to the floor by Wednesday or Thursday of this week. Several structural problems with the realignment proposal have arisen recently, which staff and advocates are trying to resolve. Problems include:

  1) The State Attorney General delivered an opinion last Friday that the Vehicle License Fee (FLF) cannot be earmarked for the realigned programs, but must go to County General Funds "unfettered". Staff are trying to link county expenditures of VLF funds to realigned programs, without violating the constitutional requirement for the VLF to not be earmarked. There are also plans to pursue a constitutional amendment for next year to allow counties to earmark the VLF and sales tax funds for the realigned programs. To date, there has been no mechanism developed to require counties to use VLF for the realigned health and welfare programs.

  2) The revenues for Realignment appear to be between $100 - $200 million short of program costs. Reasons for the shortfall include: the legislature's tardiness in passing the revised VLF schedule, which should have been passed by May 1st in order to have a full 12 months of the revised schedule. Also, the sales tax calculation has been determined to be incorrect.

  3) There is commitment from legislators and CSAC to adding language to the Realignment bill to address "equity" of funding across mental health, AB 8 and MISP programs. The proposed language requires that

counties develop a formula by September 1, 1991 which allocates revenue growth one-half to equity, and one-half to program growth. Since caseload and medical care costs are projected to increase significantly greater than one-half of the revenue growth (which is projected to grow at 7%), San Francisco, Los Angeles, and Alameda Counties are among the counties which are concerned about the proposal to earmark half of the revenue growth to "equity" across programs. The proposal is not consistent with the recent San Diego lawsuit, which has determined that the mental health funds have been allocated in a manner which is moving toward equity, and which allows the Department three years to develop a formula to allocate hospital beds.

While the Realignment proposal continues to move, and may hold out the promise of minimal program reductions for counties in Year One, it is beginning to be acknowledged as flawed, both as a budgetary and a health policy solution to the State's fiscal crisis.

The Health Department, along with the Mayor's Office, continues to work closely with our legislative advocate to monitor, provide technical assistance, and testimony on behalf of mental health, public and indigent health programs.

Supervisor Kennedy requested a legislative analyst's report which basically adopted the position the Health Department has taken.

AIDS OFFICE

- Seroprevalence Surveys of High-Risk Youth: Numerous studies have documented that the incidence of HIV infection and high-risk behaviors has declined dramatically among San Francisco gay and bisexual men since 1983. However, results from several seroprevalence surveys recently conducted by the Health Department among youth at high risk indicate that HIV is prevalent among adolescents and young adults.

  In a recent survey of young men attending gay-identified dance clubs in San Francisco, 12% were found to be infected with HIV; 26% and 0.8%, respectively, had markers for Hepatitis B and syphilis. The prevalence of HIV and of unprotected anal intercourse was higher (though non-significantly, due to a small sample size) among 17-to-19-year-old men when compared with men 23 to 25 years of age. In addition, most of the men who tested HIV positive first became sexually active or first injected drugs since 1984, after the first wave of the HIV epidemic. These trends suggest that recent transmission of HIV has occurred among young men and that a second wave of the epidemic among gay and bisexual men is possible. This survey also found that prevalence of infection with HIV or hepatitis B may be higher for young African-American men when compared with men from other racial or ethnic groups.

  A seroprevalence survey of young adults attending the STD clinic during 1989 and 1990 found that 14.3% of 15-to-19-year-old and 35.8% of 20-to-24-year-old gay and bisexual men were infected with HIV. The survey also found that 64.7% of African-American and 52.6% of Latino gay and bisexual men attending the STD clinic were infected with HIV, as compared to a 45.6% seroprevalence for non-ethnic minority whites.

Other recent surveys of adolescents and young adults entering homeless youth shelters or a youth detention center since November, 1990, found HIV seroprevalence rates of 6.4% and 1% respectively. The majority of infections in these populations were among homosexual and bisexual men and injection users.

A randomized population-based telephone survey of gay and bisexual men in San Francisco in 1989 found that 18% of those surveyed reported having had unprotected anal intercourse in the previous year. The percentage engaging in unprotected anal intercourse was much higher among younger men (36%) and among those who had recently moved to San Francisco (27%).

The AIDS Office in conjunction with its three community advisory committees will be reviewing these findings in order that prevention/education and treatment outreach appropriately prioritize these populations.

Copies of the surveys have been forwarded to the Health Commission.

Commissioner Gray raised the need to look at funding and policy issues related to the results of this survey, especially in the areas affecting the African American community. At a future meeting, Dr. Baxter would like to have a more detailed discussion on the survey results. President Sanchez requested Department staff to bring back to the Commission potential policy issues.

- VII International AIDS Conference: Researchers from the Health Department will be presenting 15 abstracts which have been accepted for presentation at the International Conference to be held June 16-21, 1991 in Florence, Italy. This morning I attended a joint UCSF and SFDPH press conference to highlight and preview reports for the San Francisco and Bay Area press.

SAN FRANCISCO GENERAL HOSPITAL

- Director/AIDS Research Center: Warner C. Greene, M.D., Ph.D., a noted molecular biologist from Duke University has been named director of the new virology/immunology research center at San Francisco General Hospital. Dr. Greene, who will begin his duties on September 1, is currently serving as professor of medicine at Duke University and is an investigator in the Howard Hughes Medical Institute at Duke. Prior to this, he served as senior investigator of the Metabolism Branch of the National Cancer Institute, National Institutes of Health.

- Psychiatric Emergency Services: Effective May 28, Psychiatric Emergency Services at SFGH took over management of all patients requiring involuntary treatment and hospitalization (5150 patients). All patients requiring mandatory treatment are now being brought to SFGH for assessment and hospitalization. The transition has gone smoothly.

- Emergency Toxics Response: A chemical accident (mixture of chemicals) occurred in the Outpatient Dialysis Unit on Saturday morning. Five patients and seven staff members, who were exposed to the material, were evaluated in the Emergency Department and later released. Richard Lee from the Bureau of Toxics quickly responded and cleaned up the spill.

- Award for Excellence: Dr. Charles Saunders, Medical Director of the Paramedic Division has been recognized for excellence in EMS administration. Dr. Saunders received the award at the 4th Annual EMS Conference sponsored by UCSF at the end of May. The 3-day conference, attended by many of the nation's outstanding EMS leaders, focused on clinical and policy matters. This was the first time an award was given for administrative excellence.

- Paramedic of the Year: On Thursday, June 6, I will have the honor of introducing Brian Reber, the Paramedic of the Year, at the 10th Annual Public Safety Awards Luncheon sponsored by the SF Chamber of Commerce. Mr. Reber, a 10 year veteran with DPH, serves as a paramedic instructor and preceptor and is a skilled dispatcher. He was the first paramedic in California to perform a potentially life-saving intravenous procedure on an infant. Mr. Reber was unanimously selected for this award by his supervisors and the Paramedic Division management.

LAGUNA HONDA HOSPITAL

- LHH Volunteers, Inc.: Recently, the Board of Laguna Honda Volunteers, Inc., one of the five non-profit groups providing support for Laguna Honda's residents, committed to spend over $200,000 for a variety of projects, including furnishings, exercise and rehabilitation equipment, and volunteer training sessions, that could not be financed through the normal budgetary process.

COMMUNITY PUBLIC HEALTH SERVICE

- Family Planning Clinics: It is still too early to determine what policy changes may be forthcoming as a result of the recent Supreme Court decision upholding Department of Health and Human Services regulations prohibiting the use of Title X funds to fund abortion and abortion counseling.

  In CY 1991, the Department of Public Health is receiving approximately $353,000 in Federal Title 10 funding for family planning, CPHS - $230,000, SFGH/UCSF - $123,000. Also, Planned Parenthood receives $118,000 and Women's Needs Center receives $80,000 in Federal Title 10 funds. In FY 1991-91, these same agencies receive $1 million in State family planning funds. The current federal contracts are valid through December 31, 1991.

  In San Francisco, the Mayor has strongly endorsed supplanting the $550,000 in Federal Title 10 family planning funds with city general funds. At the State, there is considerable pressure being applied by the Legislature and agencies for the Governor to augment the State Family Planing budget by $7 - $10 million to make up the difference from the possible loss of Federal funds.

  While it is still too early to determine the overall outcome, it appears likely that family planning services will continue to be available to low-income women and teenagers in San Francisco. The Department will keep the Commission informed on any new developments.

- Tours of Health Centers/CPHS Clinics: Over the past two months, I have been visiting the Health Centers and various Clinics with Dr. Sam Ho. Thus far, I have visited Health Centers #1, #4, and #5, Potrero Hill Health Center, Tom Waddell Clinic, City Clinic, and the YGC Clinic. Visits to all other Centers and Clinics are scheduled.

I have met staff and learned first hand the primary care programs currently in place, as well as the potential related to integrating services in community oriented primary care models, and the specific needs of special populations served by the Department. I am very impressed by the dedication of the staff at each of the sites.

- Dental Services Update: On May 8, Flo Stroud, Sam Ho, Nick Paredes, and I met with the Deans and their representatives from the two dental schools, the University of the Pacific, and the University of California San Francisco. Also present at this meeting were the President and President-elect of the San Francisco Dental Society. The purpose of this meeting was to discuss the problem of providing dental services for the City's indigent adult patients. It was meant to be a problem-solving session with input from the three dental provider resources in san Francisco.

  Since then, Dr. Paredes has conducted site visits at Southeast and Potrero Hill Health Centers with representatives from UCSF and has scheduled a similar tour with UOP representatives, in the near future. After the site visits, the Department will follow-up with the respective dental schools regarding any assistance they can provide.

  The President of the Dental Society indicated that overhead costs and low reimbursement rates did not encourage the participation of the Dental Society in these discussions.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Mount Zion Crisis Clinic: The resolution urging funding to continue the current level of services at Mount Zion Crisis Clinic, 7 days/24 hours, was not approved by the Board of Supervisors last week. 5 day/12 hour services at Mount Zion will begin on July 1.

President Sanchez expressed appreciation to the Board of Supervisors on its vote. Commissioner Rosenstiel also expressed appreciation to the Department staff who have worked diligently on this issue and to the Board of Supervisors' Legislative Analyst, Martha Jimenez.

CENTRAL OFFICE

- Bureau of Toxics, Health and Safety Services: Last week, following the discovery of a suspected explosive device in front of the Celadon Restaurant, near the Mayor's car, that caused an evacuation of the premises, the Bureau of Toxics, Health and Safety and the Poison Control Center/Toxic Information Center provided a chemical analysis to the Mayor. The Bureau and the Poison Control Center serve as technical consultants to the Fire Department Hazardous Materials Team.

  The event at the Celadon Restaurant was a NICOS+ dinner also attended by Commissioner Edward Chow.

- Bureau of Environmental Health: Last week, I had the opportunity to meet the staff of the Bureau of Environmental Health for an informative overview on the services provided by environmental health inspectors. I was extremely impressed by their expertise and professionalism in the various health areas covered by the Bureau that impact on our daily lives, such as: regulations of wholesale and retail food activities; water quality, including underground wells and reclamation activities and

recreation water areas; solid waste and landfill post closure monitoring; cross connection - protecting the City's potable water; hotel and homeless inspections; vector control; insect abatement; and general environmental complaints by residents and visitors.

- Contracting Reorganization: I will be scheduling an all-day session with staff from the Executive Staff, Contracts Office, Division contract staff, and others to review and expedite the Department's contract procedures. I will be working with Anne Godfrey, Director of the Management Development Unit of the Civil Service Commission for a facilitator for the meeting.

ARMY PRESIDIO CLOSURE

- Review of the Environmental Impact Study: The Department has completed its review of the impact of the closure of the Presidio on health and safety issues and the major concerns have been summarized in a memorandum to the Mayor's Office. In the memorandum, I indicated the Health Commission is considering holding a public hearing on the closure of the Presidio in view of the potential impact on the public's health and safety.

  - EMS Agency/Paramedic Division - Overall slight increase in Citywide ambulance response times if the current City service is required to cover the Presidio. Response times to the Presidio would exceed 20 minutes with the present configuration of City ambulances. Excess mortality and liability could result, and any emergency response will increase City costs.

  - Toxics and Environmental Health - There are numerous omissions, unclear assignment of responsibilities, and incomplete quality assurance practices in the EIS report. Areas of concern include vector control, insect abatement, safety of drinking water, toxic waste site identification and abatement, asbestos and radon mitigation measures, and underground storage tank removal and site mitigation. It is highly likely that the City will incur considerable cost to adequately address these areas of concern and protect the health and safety of its residents, unless there are adequate guarantees for Federal clean-up of the site.

  - Health Services - There are no major concerns about direct impacts on SFGH. However, the Health Department is concerned that the Army's transition plan (physician referrals on an individual basis) for persons currently receiving care at the Presidio may result in considerable concern among those who will be affected.

    The closure of the existing HIV clinic at Letterman may result in increased patient loads for existing City services. The Health Department favors the establishment of chronic care beds at Letterman Army Medical Center by the organization selected to lease the facility for medical operations; this could significantly alleviate the Citywide shortage of long term care beds for HIV and other chronically ill or disabled clients.

MAY STATISTICS

- Laguna Honda Hospital	
Average Daily Census:	1,080
Acute Med/Surg:	4
Acute Rehab:	3
Clarendon Hall:	165
AIDS SNF:	10
- Mental Health	
SFGH/Acute Psychiatric Beds:	75
(15 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	0

All other May statistics will be reported on June 18.

5) CONSIDERATION OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS OF SAN FRANCISCO GENERAL HOSPITAL

Dr. Richard Fine, Chief of Medical Staff, presented the proposed revisions to the San Francisco General Hospital Medical Staff Bylaws, which have been reviewed and approved by the Bylaws Committee, the Medical Staff Executive Committee, the Joint Conference Committee, and the Medical Staff at its annual meeting.

Action Taken: The Commission approved the revisions and amendments to the San Francisco General Hospital Medical Staff Bylaws.

6) CONSIDERATION OF A RESOLUTION ON HOUSING FOR THE MENTALLY ILL

Commissioner Kaufman presented the proposed resolution.

Public Speakers: John O'Brien, MHAB
Sheila Hembury, Mental Health Association

Action Taken: The Commission adopted Resolution #14-91 (Attachment A)

7) UPDATE OF FY 1991-92 BUDGET REDUCTIONS

Susan Ehrlich, Budget Director, presented the updated Department of Public Health Mayor's Budget for FY 1991-92 (Attachment B). The Mayor's proposed budget now goes to the Finance Committee of the Board of Supervisors.

Public Speaker: Thomas E. Kearny, Poison Control Center

Commissioners had a discussion on the Poison Control Center, bringing up points on the need for financial support from other regions and other funding mechanisms and the need to prioritize the funding within the program itself. Dr. Baxter reported that he is continuing to work with the Poison Control Center on the issue of other regional support.

8) OTHER BUSINESS/PUBLIC COMMENTS

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-91

RESOLUTION OF THE HEALTH COMMISSION REAFFIRMING ITS POLICIES TO SUPPORT THE CREATION OF ADDITIONAL LOW INCOME PERMANENT HOUSING FOR MENTALLY DISABLED AND SUBSTANCE ABUSE CLIENTS, AND SUPPORTING THE HOUSING FOR INDEPENDENT PEOPLE AND THE MENTAL HEALTH ASSOCIATION GRANT APPLICATION TO INCREASE THE HOUSING CAPACITY FOR MENTALLY DISABLED

WHEREAS, the Health Commission passed a resolution in May 1990 supporting the department's efforts to increase low income supportive housing for mental health and substance abuse clients as identified in the May 1990 Housing Plan; and

WHEREAS, the Housing for Independent People and the Mental Health Association have developed proposals to private foundations to fund housing development capacity and housing advocacy services for the mentally disabled clients of San Francisco; and

WHEREAS, the Commission supports the department's commitment to provide supportive services and case management support to clients who will be referred to the new housing units; and,

WHEREAS, the Commission supports the department's actions in coordinating with the Redevelopment Agency, the Mayor's Office of Housing, the Department of Social Services, and the State Department of Housing Rehabilitation in identifying potential funding sources for new housing units; and

WHEREAS, The Health Commission requests that the department continue to work aggressively toward the goal of increasing the housing stock for our population; now, therefore, be it

RESOLVED, that the Health Commission reaffirms its support for increasing low income supportive housing for mental health and substance abuse clients; and be it

FURTHER RESOLVED, that the Health Commission supports the Housing for Independent People and the Mental Health Association grant applications submitted to private foundations to develop and advocate for housing for the mentally ill.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, June 4, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT A

DPH Mayor's Budget 1991-92											
(in thousands)											
5/30/91 (5/18 BPrep)							Change--1990-91-				91-92 Total
	1990-91			1991-92 Mayor's Proposed			1991-92 Mayor's Proposed			Grants	Resources
	Expenditures	Revenues	City Funds	Expenditures	Revenues	City Funds	Expenditures	Revenues	City Funds		Expenditures
Laguna Honda	91,537	77,166	14,371	93,560	80,447	13,113	2,023	3,281	-1,258	31	93,591
San Francisco General	229,652	160,282	69,370	232,405	169,345	63,060	2,753	9,063	-6,310	0	232,405
Mental Health, Substance Abusa and Forensics	96,815	47,449	49,366	97,485	52,221	45,264	670	4,772	-4,102	10,930	108,415
AIDS Division	8,414		8,414	10,982		10,982	2,568	0	2,568	31,724	42,706
Environmantal Health and Toxics	7,291	4,342	2,949	7,417	5,039	2,378	126	697	-571	0	7,417
Community Public Health Servicas	32,070	3,391	28,679	32,702	3,822	28,880	632	431	201	9,783	42,485
Central Adminstration and Emergency Medical Services Agancy	15,203	20,096	-4,893	14,138	18,388	-4,250	-1,065	-1,708	643	4,087	18,225
TOTALS	480,982	312,726	168,256	488,689	329,262	159,427	7,707	16,536	-8,829	56,555	545,244

SFGH and Central Adminstration revenues are adjusted to reflect Prop 99 funds and other actual revenues.

Revenues are greater than expenditures in Central Administration because all Central Office AB 8 revenues are booked there. These revenues support all Central Office functions.

ATTACHMENT B

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

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Richard Sanchez, M.D., M.P.H.
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Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION

Tuesday, June 18, 1991
3:00 P.M.
Carr Auditorium*
at
San Francisco General Hospital
22nd Street and San Bruno, Bldg. 3
San Francisco, CA 94110

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 4, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

3.1 - CO -AIDS - Various - A continuing resolution pertaining to FY 1991-92 renewal contracts, authorizing the Department of Public Health, AIDS Office, to extend the terms of the contractors listed on an interim month-to-month basis through December 31, 1991, thus avoiding possible financial hardship to the contractors.

AIDS OFFICE CONTRACTOR AND SERVICE

AIDS Benefits Counselors - AIDS benefits counseling
Asian American Health Forum - AIDS education for Asian community
Black Coalition on AIDS - AIDS practical support
Black Coalition on AIDS - AIDS emotional support
Catholic Charities - AIDS residential dementia care
Community United Against Violence - AIDS education for youth
Ene Advertising - AIDS prevention and education for the Latino community

AIDS OFFICE CONTRACTOR AND SERVICE (continued)

Genesis - AIDS education in the Tenderloin
Mission Neighborhood Health Center - Primary care for HIV-infected clients
National Association of Black and White Men Together - AIDS education and intervention
Pacific Presbyterian Medical Center/Project Concern - AIDS health prevention and education
Pacific Presbyterian Medical Center/Visiting Nurses and Hospice - AIDS hospice care
Polaris Research - Cross-cultural training
Project Open Hand - Food services for AIDS patients
San Francisco AIDS Foundation - AIDS education and prevention
San Francisco AIDS Foundation - Education and outreach in a collaborative effort for men who have sex with men
San Francisco AIDS Foundation - Social services for AIDS patients
Shanti Project - Emotional, practical support and family residence
UCSF AIDS Health Project - Emotional and social support for AIDS patients

3.2 - CO - AIDS - Renewal contract with Bayview Hunter's Point Foundation in the amount of $70,300 with American Indian AIDS Institute, to provide AIDS education and outreach services to Native Americans to include the following: gay/bisexual, substance abusers/IVDU's and general community of San Francisco for the period of January 1, 1991 through June 30, 1992.

3.3 - CO - AIDS - Renewal contract with the San Francisco AIDS Foundation in the amount of $264,488, to provide AIDS/HIV education services to the gay/bisexual population of San Francisco for the period of October 1, 1990 through June 30, 1991.

3.4 - CO - AIDS - Renewal contract with the San Francisco AIDS Foundation in the amount of $92,209, to provide AIDS/HIV education services to the general population of San Francisco for the period of January 1, 1991 through June 30, 1991.

3.5 - CO - AIDS - Request for sole source approval and a renewal contract with the UCSF/AIDS Health Project in the amount of 189,908, to provide mental health support services to the populations impacted by AIDS in San Francisco for the period of October 1, 1990 through September 30, 1991.

3.6 - CO - AIDS - Renewal contract with Project Open Hand in the amount of $199,870, to provide supplementary grocery distribution services to symptomatic HIV residents of San Francisco for the period of July 1, 1990 through September 30, 1991.

3.7 - CO - AIDS - Request to accept and expend a continuation grant in the amount of $199,177 from the State Department of Health Services, to provide AIDS Surveillance Expanded Initiatives and Evaluation services for the period of August 1, 1991 through July 31, 1992.

3.8 - CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $495,743 from the State Department of Health Services, Maternal Child Health Branch, to provide perinatal services under the MCH Block Grant for the period of July 1, 1991 through June 30, 1992.

3.9 - CPHS - BEDC/TB Control - Request to accept and expend a continuation grant in the amount of $498,444 from the Centers for Disease Control, to provide assistance in the reduction and control of tuberculosis for the period of July 1, 1991 through June 30, 1992.

3.10 - CPHS - Refugee Preventive Health - Request to accept and expend a continuation allocation in the amount of $350,000 from the State Department of Health Services, Tuberculosis and Refugee Health Branch, to provide refugee preventive health services for the period of October 1, 1991 through September 30, 1992.

3.11 - CSAS - Adult Community Services - Request to accept and expend a continuation grant in the amount of $264,000 from the State Department of Mental Health, and two sole source requests with the following: 1) Catholic Charities in the amount of $160,720, and 2) Continuum HIV Day Services in the amount of $98,000, to provide AIDS/ARC/HIV mental health residential and adult day care services for the period of July 1, 1991 through June 30, 1992.

3.12 - DMSF - CSAS - First modification to the contract with Multicultural Training Resource Center, Inc. in the amount of $75,000, to provide substance abuse prevention/education/information services to multicultural youth for the period of July 1, 1990 through June 30,1991.

3.13 - DMSF - CMHS - BAOS - Request for a sole source approval with San Francisco Mental Health Education Funds, Inc. in the amount of approximately $150,000/a year, to provide staff support to the Mental Health Advisory Board (MHAB), The Citywide Alcoholism Advisory Board (CAAB), and the Drug Abuse Advisory Board (DAAB) for the period of July 1, 1991 through June 30, 1995.

3.14 - DMSF - CMHS - BAOS - Renewal contract with San Francisco Mental Health Education Funds, Inc. in the amount of $85,065/a year, to provide staff support to the Mental Health Advisory Board (MHAB) for the period of July 1, 1991 through June 30, 1995.

3.15 - DMSF - CMHS - CHILD, Adolescent and Family Services - Renewal contract with Edgewood Children's Center, in the amount of $306,059/a year, to provide psychiatric day care and primary prevention services for the period of July 1, 1991 through June 30,1994.

3.16 - DMSF - CMHS - Adult Community - Renewal contract with Ramsell Corporation in the amount of $810,620, to act as a fiscal agent to reimburse residential care facility operators for all eligible clients residing in their facility for the period of July 1, 1991 through June 30, 1992.

3.17 - DMSF - CMHS - Adult Community - Renewal contract with Richmond Area Multi-Services, Inc. in the amount of $883,214/a year, to provide multilingual mental health services to residents of San Francisco for the period of July 1, 1991 through June 30, 1994.

3.18 - DMSF - CMHS - Child, Adolescent and Family Services - Renewal contract with Arriba Juntos-IAL in the amount of $378,707/a year, to provide therapeutic adolescent day treatment services for the period of July 1, 1991 through June 30. 1993.

3.19 - DMSF - CMHS - Child, Adolescent and Family Services - Renewal contract with Audrey L. Smith Developmental Center, Inc. in the amount of $100,254/a year, to provide partial day treatment services for the period of July 1, 1991 through June 30, 1993.

3.20 and B521 - SFGH - Radiology - Two contracts for a combined amount not to exceed $100,000, to provide backup registry services of Radiologic Technologists for San Francisco General Hospital for the period of July 1, 1991 through June 30, 1992.

1. TemPositions Healthcare, Inc. in the amount of $50,000
2. Western Medical Services in the amount of $50,000

3.21 - LHH - Medical Services - Renewal contract with the University of California, San Francisco, Dept. of Radiology in the amount of $60,000, to provide professional radiologist services for the period of July 1, 1991 through June 30, 1992.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

5) SEMI-ANNUAL REPORT OF SAN FRANCISCO GENERAL HOSPITAL

6) OTHER BUSINESS/PUBLIC COMMENTS

7) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9 "PENDING LITIGATION", CONSIDERATION OF CLAIM OF KATHY KING V. DAVID MARSH, ET AL; SUPERIOR COURT NO. 912-273 IN THE AMOUNT OF $25,000

*Please note the Health Commission Meeting and the Budget Commmitee Meeting will both be held at Carr Auditorium.

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 18, 1991
3:00 P.M.
Carr Auditorium
at
San Francisco General Hospital
22nd Street and San Bruno, Bldg. 3
San Francisco, CA 94110

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 4, 1991

Action Taken: The Commission adopted the Minutes of June 4, 1991.

Commissioner Gray made a special presentation to San Francisco General Hospital employee Mary Zachary, Operating Room Technician, who has been with San Francisco General Hospital for 41 years. Her commitment to the field of nursing has always been displayed with enthusiasm and interest for her work.

Commissioner Kaufman made presentations to the four winners of the CHDP school folder art contest, "What Health Means to Me." The winners present were Hector Perez, William Olinger, and Nicole Alexa V. Jung. The fourth winner, Linchi Chong Kwan, was not present.

Commissioners expressed appreciation and complimented Phyllis Harding for her outstanding role as Acting Executive Administrator at San Francisco General Hospital.

101 Grove Street San Francisco, CA 94102

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) CO -AIDS - Various - A continuing resolution pertaining to FY 1991-92 renewal contracts, authorizing the Department of Public Health, AIDS Office, to extend the terms of the contractors listed on an interim month-to-month basis through December 31, 1991, thus avoiding possible financial hardship to the contractors.

AIDS OFFICE CONTRACTOR AND SERVICE

AIDS Benefits Counselors - AIDS benefits counseling
Asian American Health Forum - AIDS education for Asian community
Black Coalition on AIDS - AIDS practical support
Black Coalition on AIDS - AIDS emotional support
Catholic Charities - AIDS residential dementia care
Community United Against Violence - AIDS education for youth
Ene Advertising - AIDS prevention and education for the Latino community
Genesis - AIDS education in the Tenderloin
Mission Neighborhood Health Center - Primary care for HIV-infected clients
National Association of Black and White Men Together - AIDS education and intervention
Pacific Presbyterian Medical Center/Project Concern - AIDS health prevention and education
Pacific Presbyterian Medical Center/Visiting Nurses and Hospice - AIDS hospice care
Polaris Research - Cross-cultural training
Project Open Hand - Food services for AIDS patients
San Francisco AIDS Foundation - AIDS education and prevention
San Francisco AIDS Foundation - Education and outreach in a collaborative effort for men who have sex with men
San Francisco AIDS Foundation - Social services for AIDS patients
Shanti Project - Emotional, practical support and family residence
UCSF AIDS Health Project - Emotional and social support for AIDS patients

(3.2) CO - AIDS - Renewal contract with Bayview Hunter's Point Foundation in the amount of $70,300 with American Indian AIDS Institute, to provide AIDS education and outreach services to Native Americans to include the following: gay/bisexual, substance abusers/IVDU's and general community of San Francisco for the period of January 1, 1991 through June 30, 1992.

(3.3) CO - AIDS - Renewal contract with the San Francisco AIDS Foundation in the amount of $264,488, to provide AIDS/HIV education services to the gay/bisexual population of San Francisco for the period of October 1, 1990 through June 30, 1991.

(3.4) CO - AIDS - Renewal contract with the San Francisco AIDS Foundation in the amount of $92,209, to provide AIDS/HIV education services to the general population of San Francisco for the period of January 1, 1991 through June 30, 1991.

(3.5) CO - AIDS - Request for sole source approval and a renewal contract with the UCSF/AIDS Health Project in the amount of 189,908, to provide mental health support services to the populations impacted by AIDS in San Francisco for the period of October 1, 1990 through September 30, 1991.

(3.6) CO - AIDS - Renewal contract with Project Open Hand in the amount of $199,870, to provide supplementary grocery distribution services to symptomatic HIV residents of San Francisco for the period of July 1, 1990 through September 30, 1991.

(3.7) CO - AIDS - Request to accept and expend a continuation grant in the amount of $199,177 from the State Department of Health Services, to provide AIDS Surveillance Expanded Initiatives and Evaluation services for the period of August 1, 1991 through July 31, 1992.

(3.8) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $495,743 from the State Department of Health Services, Maternal Child Health Branch, to provide perinatal services under the MCH Block Grant for the period of July 1, 1991 through June 30, 1992.

(3.9) CPHS - BEDC/TB Control - Request to accept and expend a continuation grant in the amount of $498,444 from the Centers for Disease Control, to provide assistance in the reduction and control of tuberculosis for the period of July 1, 1991 through June 30, 1992.

(3.10) CPHS - Refugee Preventive Health - Request to accept and expend a continuation allocation in the amount of $350,000 from the State Department of Health Services, Tuberculosis and Refugee Health Branch, to provide refugee preventive health services for the period of October 1, 1991 through September 30, 1992.

(3.11) CSAS - Adult Community Services - Request to accept and expend a continuation grant in the amount of $264,000 from the State Department of Mental Health, and two sole source requests with the following: 1) Catholic Charities in the amount of $160,720, and 2) Continuum HIV Day Services in the amount of $98,000, to provide AIDS/ARC/HIV mental health residential and adult day care services for the period of July 1, 1991 through June 30, 1992.

(3.12) DMSF - CSAS - First modification to the contract with Multicultural Training Resource Center, Inc. in the amount of $75,000, to provide substance abuse prevention/education/information services to multicultural youth for the period of July 1, 1990 through June 30,1991.

(3.13) DMSF - CMHS - BAOS - Request for a sole source approval with San Francisco Mental Health Education Funds, Inc. in the amount of approximately $150,000/a year, to provide staff support to the Mental Health Advisory Board (MHAB), The Citywide Alcoholism Advisory Board (CAAB), and the Drug Abuse Advisory Board (DAAB) for the period of July 1, 1991 through June 30, 1995.

(3.14) DMSF - CMHS - BAOS - Renewal contract with San Francisco Mental Health Education Funds, Inc. in the amount of $85,065/a year, to provide staff support to the Mental Health Advisory Board (MHAB) for the period of July 1, 1991 through June 30, 1995.

The Commission requested that another letter be sent to the Board of Supervisors commending them for their recent appointments of ethnic minorities to the MHAB Board and encouraging them to continue this direction.

(3.15) DMSF - CMHS - CHILD, Adolescent and Family Services - Renewal contract with Edgewood Children's Center, in the amount of $306,059/a year, to provide psychiatric day care and primary prevention services for the period of July 1, 1991 through June 30, 1994.

(3.16) DMSF - CMHS - Adult Community - Renewal contract with Ramsell Corporation in the amount of $810,620, to act as a fiscal agent to reimburse residential care facility operators for all eligible clients residing in their facility for the period of July 1, 1991 through June 30, 1992.

(3.17) DMSF - CMHS - Adult Community - Renewal contract with Richmond Area Multi-Services, Inc. in the amount of $883,214/a year, to provide multilingual mental health services to residents of San Francisco for the period of July 1, 1991 through June 30, 1994.

(3.18) DMSF - CMHS - Child, Adolescent and Family Services - Renewal contract with Arriba Juntos-IAL in the amount of $378,707/a year, to provide therapeutic adolescent day treatment services for the period of July 1, 1991 through June 30. 1993.

(3.19) DMSF - CMHS - Child, Adolescent and Family Services - Renewal contract with Audrey L. Smith Developmental Center, Inc. in the amount of $100,254/a year, to provide partial day treatment services for the period of July 1, 1991 through June 30, 1993.

(3.20 and B521) SFGH - Radiology - Two contracts for a combined amount not to exceed $100,000, to provide backup registry services of Radiologic Technologists for San Francisco General Hospital for the period of July 1, 1991 through June 30, 1992.

1. TemPositions Healthcare, Inc. in the amount of $50,000
2. Western Medical Services in the amount of $50,000

(3.21) LHH - Medical Services - Renewal contract with the University of California, San Francisco, Dept. of Radiology in the amount of $60,000, to provide professional radiologist services for the period of July 1, 1991 through June 30, 1992.

Commissioners requested information on the concept of a continuing resolution, how this expedites the contracting process, and a potential policy, if appropriate, on the use of a continuing resolution.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

STATE BUDGET

- Realignment Update: The Senate passed a realignment bill, AB 1288 last week. Approval in the Assembly continues to be held up by members who are consistently opposed to raising new revenues at the state level without additional "structural changes" and cuts to balance the State's budget.

The longer the legislature delays in passing the realignment proposals, the greater the gap will be between state revenues and program responsibilities. The proposal currently contains only 11 months of vehicle license fee funding, and each day the State loses $11 million in sales tax. The State will attempt to make up the one month loss of VLF funds, but there has been no commitment from the State to make up the lost sales tax.

The State has added the so-called "poison pill" language which would nullify the realignment bill if a successful state mandate claim or court case is filed against the State on indigent care, or if the schools file a suit against the State, protesting that the State cannot establish a separate sales tax fund for realignment which bypasses the General Fund and thus the Proposition 98 guarantee.

The State has successfully contained its future liability, but there has been no changes which would contain counties' future liability. To date, Beilenson language remains unchanged, and there are no changes to Section 17000 responsibilities.

San Francisco has been successful in securing continued funding in 1991-92 for mental health and MISP reductions, totaling $11 million, that received a one-time restoration of State funding in 1990-91.

Working with other "overequity" counties, San Francisco was also able to revise the proposed formula to provide a fixed dollar amount of future revenue growth to address the "equity" issue. More than 75% of the revenue growth in 1991-93 will go to all counties, including San Francisco. The original proposals would have designated 50% of the new revenue growth to "underequity" counties and San Francisco, an "overequity" county would have been limited to receiving only its share of 50% of the new revenue growth.

The Department will continue to monitor the State budget to determine the final impact on the Health Department's budget.

MAXIMIZING FEDERAL FINANCIAL PARTICIPATION

- SB 855: Efforts to maximize Federal financial participation has been a major strategy of DPH staff.We have been supporting legislation developed by Los Angeles County which seeks to use funds from counties and the University of California which contain disproportionate share hospitals as match for federal financial participation. It proposes a substantial increase in Medi-Cal payments for inpatient hospital services provided by disproportionate share providers. The bill's funding would require local governments with disproportionate share hospitals to make monthly transfers to the funds, for a match of approximately a $1.85 per $1.00 ratio by the federal government for re-distribution back to local governments.

  The bill has gone through several structural changes to gain support from the State. The State appears to have withdrawn its opposition, and the Governor has indicated he will sign the bill if passed. The County Supervisor's Association of California and the California Association of Public Hospitals are both active supporters of SB 855, an innovative method of gaining needed funding for public hospitals without costing the State additional funds.

DPH BUDGET FY 1991-92

- Update and Budget Hearings: The Board of Supervisors Finance Committee will hold its first hearing on the DPH budget on Thursday, June 20. At this hearing, the Finance Committee will review the Board's budget analyst's recommendations. The hearings will continue into the following week, June 25 through 27. In addition, the Beilenson hearings will be held by the Board of Supervisors on Monday, June 24.

  In order to update the Commission, the Board of Supervisors, and the public on the final budget submitted by the Mayor, the Department has prepared a detailed update including all revenues, operating cost reductions, and direct service impacts. The report is organized by these major categories, by Division, and by the level of reduction. It includes all revenues and reductions, including those that were listed in the Beilenson notice issued last month. The impact statements are intentionally conservative. In many instances, DPH is negotiating administrative or operating cost reductions that would minimize the need for direct service cuts. But, to be clear about the possibility of an impact on services, the most negative potential outcome is described. As a result, this package details more potential service impacts than our April presentation on the budget.

  Specifically, on the San Francisco General Hospital Outpatient Department, the details are outlined on pages 23-26 and pages 57-59 in the document, "Detailed Update, 1991-92 Budget" dated June 17, 1991.

  These changes do not, however, affect our overall approach to the budget which is to preserve direct services as much as possible by increasing revenues and achieving operating cost efficiencies. There are several differences from previous presentations on the budget, most notably:

  - The update shows different, higher revenues at the hospital, reflecting the revenues actually certified by the Controller.

  - The update includes a description of reductions taken as a result of the 1990-91 "hiring plan" at the hospital. It also contains a brief description of the hiring plan.

  - The update includes new program funding for the AIDS early intervention center, AIDS CARE funds, the Family Mosaic project, and psychiatric crisis emergency services.

SAN FRANCISCO GENERAL HOSPITAL

- Hospital Administration: As Acting Executive Administrator of San Francisco General Hospital, Phyllis Harding has provided outstanding leadership for the institution during a very difficult ten month period. She has guided the hospital with a firm hand to implement changes, not always popular, to assure financial accountability and meet changing city budget and hospital census needs. I want to personally acknowledge Phyllis for the tremendous assistance she has provided me since I took over as Director of Health. Her guidance has been invaluable to me.

- Inpatient Psychiatry Reviews: The Bureau of Licensing and Certification Division of the California Department of Health and Human Services conducted a site visit of Inpatient Psychiatry services on May 30. It was determined that psychiatry continues to meet the criteria for DRG exclusion. The report with "no deficiencies noted" was received on June 5, 1991.

The State Department of Mental Health's Short-Doyle Medi-Cal Review Team has scheduled an on-site review of San Francisco General Hospital's Psychiatric Inpatient Units the week of July 8 - 12. The purpose of the visit is to audit the Short-Doyle Medi-Cal client records documentation of medical necessity, billing dates, the QA system and to identify unwarranted payment for services.

- Psychiatric Emergency Services: The procedures for handling all patients requiring involuntary treatment and hospitalization (5150s) continue to go smoothly. Although SFGH has not had to implement the overflow procedures for diversion to private hospitals, the Department continues to meet with representatives of community hospitals to assure that earlier commitments to serve as back-up when PES is overloaded are fulfilled.

- Poison Control: Letters have been sent to Health Directors in Contra Costa, Napa, Marin, San Mateo, Sonoma, and Humboldt Counties requesting assistance in resolving funding issues related to the operation of the San Francisco Bay Area Regional Poison Control Center.

  Dr. Baxter reported that San Francisco County's fair share in supporting the Center would be about $200,000. Responses from the other counties have not been positive.

  A hearing on funding for the Poison Control Center has been scheduled for next Monday morning by Supervisor Kevin Shelley.

- Clinical Care Units Study: The SFGH Nursing Department participated in the Helene Fuld Study of Clinical Expertise in Critical Care Units. Dr. Patricia Benner, an Assistant Professor of the UCSF School of Nursing, was one of the co-principal investigators on the study. This study makes significant contributions to understanding clinical expertise and clinical teaching in the critical care setting.

- Update on Lobby Bathroom: Corrections to prevent future leakages from the lobby bathroom into the occupational therapy work area should be completed by June 21. The work includes re-pitching of the entire floor for drainage and installation of a solid vinyl sheet floor with welded seams. In addition, all toilets will continue to be snaked quarterly and the plumber will make weekly routine inspections to test all the flushing mechanisms.

LAGUNA HONDA HOSPITAL

- Department of Health Services Hearing: On June 5, Mary Anne Johnson, M.D. and Valerie A. Dorr presented oral and written testimony to the Department of Health Services concerning proposed regulations requiring informed consent from nursing facility residents for all procedures defined as "other than simple or common". This definition included all procedures other than those associated with activities of daily living. These regulations were promulgated as a result of a settlement between California Advocates for Nursing Home Reform and the DHS to require informed consent for the use of physical or chemical restraints.

  In addition to proposing technical changes to the proposed regulations, concerns were raised regarding: the definition of simple and common procedures; the difficulty of obtaining informed consent from residents

who are incapable of making decisions and have no surrogate decision maker; potential harm in delaying procedures to obtain 3200 requests or conservatorship; and potential impact on Psychiatric Emergency Services from referrals of residents refusing consent for psychotropic medications for legitimate reasons.

COMMUNITY PUBLIC HEALTH SERVICE

- Update on Title X Family Planning Funding: There has been no major activity related to the Title X "Gag Rule" issue. The Federal Government is expected to issue regulations in mid-July.

  The State legislature has added $7. million to the Office of Family Planning budget to augment agencies affected by the "Gag Rule". There has been no discussion on how these funds would be allocated or the policy guidelines that would be enforced.

  There are two bills before Congress that would overturn the Supreme Court decision, S 323 by Senator Chafee and H.R. 392 sponsored by Congressmen Porter and Wyden. A number of restrictive amendments are being proposed by anti-choice legislators. These bills have little or no chance of being signed into law by the President who has voiced his opposition to this process.

  The Department will continue to keep the Commission informed if there any changes or policy issues forthcoming.

- Perinatal Medi-Cal Program: On June 12, the San Francisco Perinatal Forum celebrated one year of the Outstationed Medi-Cal Program. Deputy Director Flo Stroud presented certificates of appreciation on behalf of the Perinatal Forum to six Medi-Cal eligibility workers, their unit supervisor and eight clinic staff liaisons.

  Women seeking prenatal care at DPH community and hospital based clinics now receive Medi-Cal eligibility screening and certification on-site. Instead of the long wait at 170 Otis Street and a three to four month wait time for certification, applications are now being processed within two weeks of entry to care.

  Improved access to prenatal care is a direct result of the combined and coordinated efforts of DPH Perinatal Services, the Medi-Cal unit of DSS, and community based perinatal providers.

- Health Center #3: Public health nurse, Brenda Scott, from Health Center #3 and her teenage daughter provide a unique and innovative service to African American female youth in the Alice Griffith Housing Project. On Friday evenings, they conduct a class on human sexuality which includes discussions on value clarification, empowerment, and self-esteem. Since its inception in November 1990, approximately 8-10 black female youth attend these weekly classes.

  The class has been well received by the youth as well as the community. This effort grew out of the Mayor's Drug Symposium in December 1989.

- Child Health & Disability Prevention Program Art Contest: I want to congratulate the four San Francisco winners of the CHDP school folder art contest, "What Health Means to Me", Hector Perez, William Olinger, Linchi

Chong Kwan, and Nicole Alexa V. Jung and their parents. I also want to thank Commissioner Kaufman for participating on the panel of judges.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Mount Zion Crisis Clinic: In addition to the earlier response from the Executive Director of Westside Mental Health Services, I have received a letter from the Acting Chief Executive Officer of Mount Zion Health Systems indicating a willingness to meet with me to discuss future responsibility for operating the Crisis Clinic.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Home Syringe Disposal Program: On Thursday, June 25 an innovative six month pilot program to address safe a home syringe and lancet disposal program for San Francisco residents will be kicked-off. As part of the medical waste disposal program, the Bureau of Toxics, Health and Safety Services has organized a safe syringe collection program. Free "sharps containers" are available from Walgreen's Drug Stores or any DPH clinic with collections at any Walgreen's, DPH Clinic, or the City's Household Hazardous Waste Collection Facility. Patients of SFGH and UCSF can pick up and drop off containers at the hospitals' pharmacies.

  This program is jointly sponsored by the Department of Public Health, Office of the CAO, American Diabetes Association, SF Chapter of the American Association of Diabetes Educators, Becton Dickinson, SAGE, Walgreen's Pharmacies, BFI, American Environmental, NORCAL, and Integrated Environmental Systems.

- Hunters Point Naval Shipyard: The Mayor, Congresswoman Pelosi, Supervisor Ward, Redevelopment Agency, Port and DPH conducted a public meeting with the City's southeastern community organizations and the public to provide input for proposed future uses and toxic waste clean up at the Hunters Point Naval Shipyard on June 15. The meeting was well attended.

ARMY PRESIDIO CLOSURE

- Public Hearing: The Department continues to work with the Mayor's Office, Board of Supervisors and Planning Department to identify potential health, safety and environmental consequences from the closure of the Presidio and to seek appropriate solutions for the problems identified.

  Dr. Larry Meredith presented the Department's concerns at a recent hearing of the Economic and Social Policy Committee. Copies of the materials, including a recently adopted resolution, have been forwarded to the Commission.

MAY STATISTICS

- AIDS Statistics (from 7/1/81 to 5/31/91)

Total San Francisco cases:	10,529
Total San Francisco deaths:	7,336
Toal S.F. cases for May:	150
Total S.F. deaths for May:	127

- San Francisco General Hospital

Inpatient

Average Daily Census	(except newborns):	304
Newborn Nursery:		23
Actual Patient Days	(except newborns):	9,412
Newborn Nursery:		722
Admissions	(except newborns):	1,592
Newborn Nursery:		167
Average Length of Stay	(except newborns):	6
Newborn Nursery:		4
Discharge Patient Days	(except newborns):	9,895
Newborn Nursery:		704
Discharges	(except newborns):	1,608
Newborn Nursery:		168

Outpatient Visits

Primary Health	
Family Health:	3,002
General Medicine:	2,168
Pediatric:	3,276
OB/GYN:	2,638
Specialty Clinics:	11,705

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
Health Center #1	2,344	1,021	3,365
Health Center #2	310	350	660
Health Center #3	1,182	709	1,891
Health Center #4	927	947	1,874
Health Center #5	1,476	418	1,894
Tom Waddell Clinic	812	2,354	3,166
Potrero Hill H. C.	432	691	1,123
Southeast H.C.	108	831	939
Youth Guidance Ctr.	8,059	766	8,825
TOTAL	15,650	8,087	23,737

Disease Control Visits:
TB Clinic - 2,224
City Clinic - 2,330

President Sanchez requested an update on the parking situation at San Francisco General Hospital. Dr. Baxter reported that the Parking & Traffic Commission is moving ahead with the development of the San Francisco General Hospital garage. (A proposed development schedule was provided to the Commissioners). An initial proposed San Francisco General Hospital parking plan was drafted, which was subsequently sent back to San Francisco General Hospital by Dr. Baxter due to issues of inequity. Because a citywide parking policy for City employees may be forthcoming, Dr. Baxter also did not want to start a San Francisco General Hospital parking plan and then have to dismantle it because of a citywide policy. President Sanchez would like to re-look at this parking issue at a future meeting.

5) SEMI-ANNUAL REPORT OF SAN FRANCISCO GENERAL HOSPITAL

Phyllis Harding, Acting Executive Administrator of San Francisco General Hospital, highlighted the activities (see Attachment A) at San Francisco General Hospital as written in the Annual Report, which included:

San Francisco General Hospital and the System of Care
Management of Quality Care
Operations
Finance
Challenges for the Next Year

Ms. Harding emphasized the direction of the San Francisco General Hospital Strategic Plan to be in concert with the Department as a whole and to have close linkages with the other Department Divisions.

Dr. Richard Fine, outgoing Chief of Medical Staff, emphasized increased collaboration with nurses and physicians.

Commissioner Chow complimented the San Francisco General Hospital staff on the Annual Report, which is an important document for the future.

6) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: John O'Brien

The Commission went into Executive Session for:

7) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9 "PENDING LITIGATION", CONSIDERATION OF CLAIM OF KATHY KING V. DAVID MARSH, ET AL; SUPERIOR COURT NO. 912-273 IN THE AMOUNT OF $25,000

The Commission came out of Executive Session at 4:30 p.m.

Action Taken: The Commission approved the proposed $25,000 settlement on the claim of Kathy Marsh V. David Marsh, Superior Court #912-273.

The meeting was adjourned at 4:35 p.m.

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

Chapter I - Overview

The *1990-91 Annual Report to the Health Commission* has given San Francisco General Hospital's Executive staff an opportunity to reflect on the health care environment in which we work and to report with pride the accomplishments of the last year. We also want to take the opportunity to set the stage for the challenges we envision in the next year.

The following events represent some of the highlights of the last year:

Accreditation:

San Francisco General Hospital was officially designated a "Trauma Center" after 25 years of world wide leadership in trauma care. The JCAHO Focus visit was also successfully completed, ensuring the hospital's accreditation until the fall of 1992.

AIDS

SFGH has remained the major provider of care to HIV infected patients. Twenty six percent of all AIDS/ARC patients in San Francisco, and 60% of all MediCal and MIA AIDS patients in the county, are cared for at SFGH.

The CARE funds have allowed us to expand services to acutely ill drop-in patients on Ward 86, and expand early intervention and treatment to HIV/IVDU patients. Because of the increase in AIDS dementia and the psychosocial concerns related to patient management, psychiatric consultation has also been expanded.

The AIDS Research Center is nearing completion. Warner Greene, M.D. has accepted the position of Center Director and will begin September 1, 1991.

Psychiatry

Psychiatric Emergency Services (PES) became the sole provider of involuntary care. The Department of Psychiatry worked with DMSF to develop plans to ensure a smooth transition. These plans included new clinical programs which made the best use of staff resources. The length of stay in PES has decreased through the implementation of Short Stay beds on inpatient wards and improved efficiency in the unit itself. Crisis Resolution Teams are planned and will move into full operation in July. These teams will help secure follow-up care for a select group of high risk/high user patients. The Department is moving towards the overall goal of decreasing the need for institutionalized care and promoting care based in the community.

The Department is also developing services to address Substance Abuse Consultation services for acute care patients within the hospital. At least 30% of current inpatients are substance abusers. This long standing clinical and social problem has been a source of concern to both medical and nursing staff. With support from CPHS and DMSF the hospital has been able to expand the PALS supported substance abuse training for staff. PALS and CARE funds will support on-site consultation services and case management for HIV infected substance abusers.

Paramedics

The Paramedic Division has achieved clinical as well as financial success this past year. Response times for code 3 runs are now averaging 8.0 - 8.5 minutes (with 7.5 minutes for "life-threatening" runs). The Division has received academic recognition at national and international meetings.

The business goals for the Division have also been accomplished. Ambulance collections now exceed $7 million, a $ 2 million increase over 1989. The components of the Division are being brought together in their new headquarters space. The relocation begins this week, with the final phase scheduled for October.

Changes in Inpatient Census

The Average Daily Census for FY 1990-91 is projected at 320, 35 beds below the 355 originally budgeted. The average census for critical care has been 17-18 patients/day for the last several years, with maximum capacity at 28. With the critical care diversion steadily decreasing, two nursing units were closed in the last year: 5R, the respiratory critical care unit and 3D, a surgery and orthopedics overflow unit. Intensive care patients continue to be admitted to 4E and 5E. Surgical and orthopedic patients are admitted to 3B, 4B or 4D. The staff worked successfully to accomplish these consolidations with a minimum of disruption.

Operating Room

The Operating Room Committee continues to work on implementation of the recommendations of the Kellogg Report. Improvements in patient flow through the surgical process from clinic work-ups to discharge planning will improve efficiency and increase our ability to perform elective procedures.

Administration

Acute care hospitals continue to work under tighter regulatory constraints from third party payors and the Joint Commission on Accreditation of Health Care Organizations. Public hospitals meet these standards while managing with decreased resources. SFGH Finance Department has expanded its resource base to maximize revenues and to give managers the tools to best manage their departments.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

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President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION

Tuesday, July 2, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 18, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Consideration of proposed changes in private pay sliding scale fees for Laguna Honda Hospital Adult Day Health Center.

(3.2) CPHS - MIA/Homeless - Renewal contract with Central City Hospitality House, to run the Tenderloin Self-Help center in the amount of $526,716/per year, to provide an informal drop-in center, peer-oriented counseling, self-help groups training, advocacy and socialization programs for the period of July 1, 1991 through June 30, 1995.

(3.3) CPHS - Family Health - Request to accept and expend an augmentation to a grant in the amount of $175,000 from the State Department of Health Services, Maternal and Child Health Branch, to provide improved black infant health services and to conduct infant fetal death review for the period of June 1, 1991 through June 30, 1993.

(3.4) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $1,334,558 from the State Department of Health Services, to provide WIC program services for the period of October 1, 1991 through September 30, 1992.

(3.5) DMSF - CSAS - First modification to the contract with National Council on Alcoholism & Other Drug Addictions - Bay Area, Inc. in the amount of $77,134, to provide interviews, counseling and education to persons convicted of multiple offense driving under the influence of alcohol and/or drugs for the period of July 1, 1990 through June 30, 1991.

(3.6) SFGH - Finance - Approval of renewal contract and companion resolution for paramedic and ambulance billing and collection service to be provided by Allied Information and Services Corporation at cost of 8.75% and 8% of collections for the period of July 1, 1991 through June 30, 1995.

(3.7) SFGH - Finance - Approval of renewal contract and companion resolution for retroactive claims reprocessing services to be provided by Health Management Systems, Inc. at cost of 25% and 17.5% of collections for the period of July 1, 1991 through June 30, 1992.

(3.8) Consideration of a resolution urging the Board of Supervisors to support SB 855.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **INFORMATIONAL PRESENTATION OF THE DRAFT PLAN FOR COORDINATED SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES**
(Keith Choy, Director of Mayor's Office of Children, Youth and Their Families).

6) **UPDATE ON FAMILY MOSAIC PROJECT**

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

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2/91

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, July 2, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

Absent: Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 18, 1991

Action Taken: The Commission adopted the Minutes of June 18, 1991.

President Sanchez introduced two new Department of Public Health Executive Staff members: Myra Snyder, Ph.D., Associate Director, and Richard Cordova, Executive Administrator of San Francisco General Hospital.

President Sanchez presented a special Certificate of Appreciation to Al Chinn, who is retiring from the Environmental Health Division after 33 years of service. President Sanchez acknowledged the presence of Louis Hop Lee, former President of the Civil Service Commission.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Consideration of proposed changes in private pay sliding scale fees for Laguna Honda Hospital Adult Day Health Center.

(3.2) CPHS - MIA/Homeless - Renewal contract with Central City Hospitality House, to run the Tenderloin Self-Help center in the amount of $526,716/per year, to provide an informal drop-in center, peer-oriented counseling, self-help groups training, advocacy and socialization programs for the period of July 1, 1991 through June 30, 1995.

Commissioner Kaufman expressed the need to provide ongoing monitoring. Bob Prentice and Fred Milligan reported that a quarterly monitoring mechanism is in place and that they are working closely with participants of the Center.

Since this renewal contract is for 4 years, Commissioner Chow requested that the annual evaluation report be calendared for the Budget Committee for Commission review.

Public Speaker: Warren Eastman

Commissioner Rosenstiel requested the Department to look at information submitted by Mr. Eastman and bring back appropriate concerns to the Commission.

(3.3) CPHS - Family Health - Request to accept and expend an augmentation to a grant in the amount of $175,000 from the State Department of Health Services, Maternal and Child Health Branch, to provide improved black infant health services and to conduct infant fetal death review for the period of June 1, 1991 through June 30, 1993.

(3.4) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $1,334,558 from the State Department of Health Services, to provide WIC program services for the period of October 1, 1991 through September 30, 1992.

(3.5) DMSF - CSAS - First modification to the contract with National Council on Alcoholism & Other Drug Addictions - Bay Area, Inc. in the amount of $77,134, to provide interviews, counseling and education to persons convicted of multiple offense driving under the influence of alcohol and/or drugs for the period of July 1, 1990 through June 30, 1991.

Commissioner Chow requested the latest information update on the contractor's affirmative action plan.

(3.6) SFGH - Finance - Approval of renewal contract and companion resolution for paramedic and ambulance billing and collection service to be provided by Allied Information and Services Corporation at cost of 8.75% and 8% of collections for the period of July 1, 1991 through June 30, 1995.

(3.7) SFGH - Finance - Approval of renewal contract and companion resolution for retroactive claims reprocessing services to be provided by Health Management Systems, Inc. at cost of 25% and 17.5% of collections for the period of July 1, 1991 through June 30, 1992.

(3.8) Consideration of a resolution urging the Board of Supervisors to support SB 855.

Susan Ehrlich submitted a revised resolution requesting enactment of SB 855 relating to payment adjustments for disproportionate share hospitals and the provision of Medi-Cal services, which request is conditioned upon SB 855 retaining certain provisions.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

STATE BUDGET

- Update: The State's primary budget bill, establishing a $56.4 billion budget, was passed narrowly on June 20. It was not until late Sunday, June 30th, that the Legislature approved most of the rest of the package, including $4.1 billion in sales tax increases, $230 million in alcohol tax increases, and $781 million in increased vehicle license fees. As of July 1, the Legislature is still short by as much as $2 billion needed to cover the entire spending package. The Governor and the Legislature may address this shortfall by passing an increase in personal income tax for single taxpayers with more than $100,000 income or married taxpayers with more than $200,000 in income.

  The up to $2 billion shortfall includes about $30 million from delays in collecting alcohol and sales tax increases, and $200 million in VLF collections. Both of these revenue sources are part of the realignment package. It is still unclear whether or not this will affect the realignment revenues projected to come to San Francisco, because the Legislature is still considering revenue alternatives.

  AB 99, the bill to reenact the tobacco tax initiative, is also not resolved. In 1991-92, San Francisco expects to receive about $18.5 million from these funds. The Governor has proposed a perinatal initiative that may siphon funds from counties, in addition to possible cuts because of reduced collections. In addition, the Legislature is considering other changes, such as whether there should continue to be a maintenance of effort requirement and what form, and how funds should be allocated between the hospital, physician, and unallocated accounts.

  In summary, despite substantial progress, the bottom line on the State budget is still unknown. As soon as all the provisions are complete, staff will analyze the budget and realignment bills and provide an analysis to the Commission.

DPH BUDGET FY 91-92

- Finance Committee: The Finance Committee of the Board of Supervisors has recommended $638,366 in additional cuts, with $45,421 on reserve, in the Mayor's approved budget of $488.7 million budget for the Health Department as follows:

	Reductions	Reserve
Central Office	$ 78,400	
Laguna Honda	323,442	
SFGH	250,862	$ 27,800
DMSF	35,662	17,621
TOTAL	$638,366	$ 45,421

The Finance Committee is also recommending addbacks of $1,079,000 to DPH and $213,000 to the Commission on Aging for Senior Information and Referral Services from total recommended cuts in the City's budget. The following cuts were recommended for restoration to DPH:

Dental services at Potrero and South East	$ 210,000
Chinatown Child Development Center	75,000
Chinatown Northbeach	125,000
Youth Guidance Center	70,000
Mt. Zion Crisis Clinic	200,000
CASARC	49,000
29th Street Clinic	100,000
SFGH Outpatient	250,000
TOTAL	$1,079,000

The Finance Committee commended the Health Commission and the Health Department for its open and thoughtful budget process. The full Board of Supervisors will consider the budget and the recommendations of the Finance Committee on July 15.

- Poison Control: Supervisor Shelley held a special hearing last week to focus attention on the responsibility of other counties to provide funding for the Regional Poison Control Center. Recently, I attended a meeting of the Association of Bay Area Health Officials (ABAHO) to solicit the participation of other counties. Thus far, commitments have been received from Alameda and Contra Costa; Marin and San Mateo counties have also indicated their intention to provide some additional funding.

  With the use of local SB 12 monies and the remaining budgeted funds, and additional county funds, operation of the Poison Control Center for eight and a half months appears to be assured. We will run a full program for that period and work to get funding from the other counties to continue the Regional Program for the remainder of the fiscal year.

- Employee Layoff's: Layoff notices have been mailed to a total of 64* DPH employees, of which 23 have been offered other positions in DPH. Of the 41 employees laid off without DPH jobs, 15 are permanent employees represented by employee organizations and consistent with the City's Wage Freeze Memorandum, Civil Service will attempt to find other suitable positions in the City.

*Based on Mayor's recommended budget including 6 permanent positions in Poison Control; not including addbacks recommended by the Finance Committee.

DPH BUDGET FOR CHILDREN AND YOUTH

- FY 1991-92: Preserving health services to children, adolescents, and teenagers has been a priority of the Commission and the Health Department, and in spite of the severe reductions in State and Federal health funding and the City's fiscal constraints of the past three years, every effort has been made to minimize reductions in services to the City's youth. Funding for children and youth for the past three years and the new fiscal year reflects this commitment:

FY 88-89	$49,920,000
FY 89-90	57,367,402
FY 90-91	58,987,566
FY 91-92	*64,267,994

*FY 91-92 estimates include $3.3 million for youth encounters in adult clinics at SFGH and $810,000 in DMSF for the Family Mosaic Project previously budgeted in the Mayor's Office. Does not include $195,000 recommended by the Finance Committee for addbacks.

The analysis of funding specifically for children and youth does not fully represent the services provided for these youngsters. Many of the services DPH are provided within programs designated as "adult" or "specialty" programs. Many programs provide family-oriented services and, proportionate funding allocations have been estimated for youth. The estimated funding does not include administrative and other overhead costs.

A matrix identifying funding by DPH divisions has been forwarded to the Health Commission for more detailed information.

WELCOME TO NEW DPH ADMINISTRATORS

- Associate Director of Health and Executive Administrator of SFGH: I want to welcome Myra Snyder, R.N., Ed.D., former Deputy Mayor for Health and Human Services, and Richard Cordova, formerly the Administrator of Los Angeles County+University of Southern California Medical Center who joined the DPH Staff yesterday, July 1.

SAN FRANCISCO GENERAL HOSPITAL

- Psychiatric Emergency Services: PES continues to manage without diversion. We are still working to improve hospitals' response to drills on overflow procedures.

- Hospital Matrix Study: OSHPD is conducting a study entitled "The Hospital Matrix Study" and SFGH has been nominated by California Hospitals and Health Systems (CAHHS) as one of the facilities that has demonstrated an above-average measure of success in attracting and retaining nurses. This study is designed to identify factors and management strategies that are critical to the successful recruitment and retention of registered nurses in California hospital settings.

- Base Hospital Review: On May 31, the EMS Agency conducted an audit at SFGH as a follow up to the October, 1991 site review. In his summary statement, Dr. James Pointer, Medical Director of the EMS Agency indicates the Base Hospital continues to demonstrate a superior level of Base Hospital activities and commends the commitment of Base personnel to improvements in the EMS System, as well as in maintaining a high degree of quality.

- HIV and Substance Use: The hospital will sponsor an all day seminar on "HIV and Substance Use" on Wednesday, July 31 from 8 am to 4 pm in Carr Auditorium. The course will provide skills and identify effective approaches in the care and management of the person with a substance use problem and with or at risk for HIV infection. The faculty represent the multiple disciplines involved in this issue, medicine, psychiatry, nursing, medical social service and case management.

LAGUNA HONDA HOSPITAL

- Geriatric Grand Rounds: On Saturday, June 22, the LHH Medical Department sponsored a special geriatric grand rounds "Withholding & Withdrawing Treatment in the Elderly" which was attended by 70 community health care professionals. The goal of the symposium was to help clinicians and other health professionals manage complex ethical issues in the care of elderly patients. The rounds were co-sponsored by the S.F. Medical Society, S.F. Institute on Aging, and UCSF Department of Family and Community Medicine.

- State Licensure and Certification: Tony Wagner reported that nine State Surveyors arrived at Laguna Honda Hospital this morning. It is expected the

Surveyors will be at Laguna Honda Hospital for two and a half weeks. OBRA survey methodologies will be used.

COMMUNITY PUBLIC HEALTH SERVICE

- Update on Title X Family Planning Funding: Supervisor Shelley held a special hearing last week on the status of family planning funding.

  Congress passed a bill on June 26 that would allow the Title X programs to continue business as usual. Language was inserted into the $204 billion 1992 appropriation for the Department of Labor, Health, and Human Services and Education that would prohibit DHHS from implementing the "Gag Rule". The vote in favor was 353 to 74. The bill will be forwarded to the Senate for consideration after the July 4th recess.

  The expectation is the Senate will approve the bill and forward it to the President. There will be considerable pressure by the far right to veto the entire bill because of the amendment. Leading pro-choice members of Congress believe they have the votes necessary to override the veto.

  If Federal legislative efforts fail, the adopted State Budget for 91-92 includes a reserve of $7 million to replace any Title X funds forfeited by clinics not abiding by the "gag rule". Since it is expected that some clinics will abide by Federal regulations, the $7 million should be enough to replace any "forfeited" Title X funds in the State.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Mental Health Skilled Nursing Facility: Plans for the development and construction of the Mental Health Skilled Nursing Facility are proceeding. However, the State OSHPD/OSA review is projected to take approximately two months longer than originally scheduled. This delay is due to recent State budget cuts. The commitment to place two plan checkers rather than one to review the plans expeditiously has not been realized. Direct appeals by the Chief Administrative Officer and contact directly with the State Architect have yet to produce results.

  Therefore, the Health Commission is advised of the impact of the anticipated schedule delay that appears to be programmatic at this time. The Joint Conference Committee of DMSF will be informed if additional impacts are identified.

- Community Crisis Clinic: The Finance Committee recommendation to restore $200,000 to the Mount Zion Crisis Clinic will allow the facility to operate 7 days/12 hours. Although the Clinic was to reduce operations to 5 days/12 hours starting July 1, I have asked Flo Stroud to review options for maintaining services for 7 days a week for the remainder of July pending action by the full Board of Supervisors.

  I have spoken with the Directors of both Mount Zion and Westside and will work with these organizations on future planning for community crisis services.

PRESIDIO CLOSURE

- Letterman Hospital: On June 21, without formal notice and without mutual agreement, the Army downgraded the Emergency Department at Letterman Army Medical Center (LAMC) to a clinic and also altered its emergency medical services system. The previously announced date for the LAMC downgrade was July 1.

In a telephone call initiated on June 21 by DPH EMS staff, it was learned the downgrade had occurred that day and all critical trauma victims would be referred to CMED for response by the DPH Paramedic Division. Critical medical patients were to be transported by LAMC ambulances to Childrens and Pacific Presbyterian Hospitals. DPH telephone calls to the two hospitals revealed that personnel on duty at these facilities did not understand that LAMC was closing its emergency department and transporting patients to city hospitals.

I alerted the Mayor, who contacted the commanding general. Dr. Charles Saunders, Medical Director of the Paramedic Division and I subsequently spoke with General Burger on the evening of June 21 to clarify the City's response to medical emergencies occurring on the Presidio:

- City ambulances will not respond to routine medical emergencies

- The City Paramedic Division will try, resources permitting, to respond to multicasualty incidents, medical disasters or other such incidents that would, as is past practice , invoke medical mutual aid.

We are sending letters on this issue to General Burger and to Congresswoman Nancy Pelosi.

- Coast Guard Air Rescue Unit: San Francisco General Hospital reports the Paramedic Division has also been contacted by the Air Rescue Unit of the Coast Guard for San Francisco Bay seeking alternate arrangements, subsequent to closure of Letterman Hospital, for patients rescued from the Bay and surf. After consultation with Dr. Saunders, the Coast Guard has made plans to work through CMED to transport patients to certain SF Piers, and obtain immediate ground transport to SFGH, a Level One Trauma Center.

  In the past, patients had been transported to Chrissie Field and on to Letterman. The Coast Guard had been assuming that it would fly all helicopter rescues to Seton, Peninsula or Marin General Hospitals, and ship all central bay boating rescues to Marin General.

- Congressional Hearing: The House National Park Sub-Committee, chaired by Bruce Vento, will convene a public hearing on the Presidio closure on July 8 at the Fort Mason Conference Center from 8:30 to 11:30 am. It is expected Mayor Agnos will testify as will Health Department staff.

NEEDLE EXCHANGE

- Meeting with ACT UP: Last week, Flo Stroud and I met with members of ACT UP, Mayor Agnos, and City Attorney Louise Renne to discuss legalizing needle exchange. The Mayor was asked to tell the Health Department and the Health Commission to use its emergency powers to declare a public health emergency and create a legal needle exchange program.

  The City Attorney stated that criminal law governs needle exchange and a public health emergency would not make it legal and it is likely the State would prosecute. The City Attorney also indicated her office could not defend city officials charged with criminal acts since her office engages in civil litigation.

  The Mayor indicated he would request the new State Health Director, Dr. Molly Coye to authorize a needle exchange pilot project in San Francisco.

Dr. Baxter has requested his staff to put together a comprehensive drug treatment plan in response to the Health Commission's policy.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Parking Facility Site: Toxics staff are assisting the Municipal Railway and Department of Parking and Traffic in the clean up, characterization and remediation of the 24th and Utah Streets property for preparation as a parking facility site in the San Francisco General Hospital neighborhood. The site previously contained seven underground storage tanks which leaked gasoline and diesel into the soil and groundwater. Site clean up was started on June 25.

JUNE STATISTICS

- Laguna Honda Hospital

Average Daily Census:	1,081
Acute Med/Surg:	5
Acute Rehab:	1
Clarendon Hall:	165
AIDS SNF:	11

All other June statistics will be reported on July 16.

Commissioner Gray requested information on the ethnic breakdown of the Department of Public Health layoff's.

Commissioners discussed the Board of Supervisors' Finance Committee's recommended addbacks to the Department. President Sanchez would like to see an administrative plan of how San Francisco General Hospital would restore the $250,000 in the Outpatient Department. Commissioner Underwood clearly pointed out to the nurses at San Francisco General Hospital that there will be a continued review of services, that there will not be business as usual, and that staffing patterns may not remain the same. Commissioner Rosenstiel expressed concern that if the Department with its original budget recommendation for the Outpatient Department had incorporated productivity and efficiency issues, then the Department should not resort back to inefficiencies.

Dr. Baxter assured the Commission that he will be looking at the total organization/administration of the hospital and report back to the Commission.

5) **INFORMATIONAL PRESENTATION OF THE DRAFT PLAN FOR COORDINATED SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES**
(Keith Choy, Director of Mayor's Office of Children, Youth and Their Families).

Keith Choy presented an overview of the initial draft plan for Coordinated Services for Children, Youth and Their Families. This draft plan is also being presented to the Social Services Commission, the Recreation and Parks Commission, and the Juvenile Probation Commission. The plan describes a coordinated approach to a comprehensive system of care for children and youth. Additionally, the plan looks at State and Federal policies which have to be changed to help coordinate children's services. For an Executive Summary of the plan, call the Health Commission office at 554-2666.

Commissioner Kaufman urged that representatives of the Unified School District and the Library be formally included on the Inter-Agency Council.

President Sanchez thanked Mr. Choy and looks forward to seeing the final plan before the Commission at a future date.

6) UPDATE ON FAMILY MOSAIC PROJECT

Dr. Baxter introduced Abner Boles III, Ph.D., Project Director of the Family Mosaic Project. Dr. Baxter pointed out the four project values and initiatives, which reflect the direction of the Commission and Department:

1. integration of services

2. concept of pooling funds from different sources and having a capitation (managed care approach and less expensive).

3. ability and intent to leverage Federal dollars (changing the financing of services)

4. broad community and constituency input, including parents, in decision-making process

Dr. Baxter emphasized that if this project's approach is successful, it could be institutionalized and could promote a major change in delivering services to children.

The project's goal is to provide San Francisco's children and youth who have serious emotional problems with a local system of culturally competent services which will enhance family unity, capability and responsibility. The system will also provide for stability in placement, in the least restrictive setting, to enable these children and youth to engage in behavior that is appropriate for their age and their community and to attend and progress in local schools.

Dr. Boles reported that presently 65 families are being served; and although the anticipated drop out rate is 25% (a national average in working with this targeted population), the project has not yet experienced this. He also reported that staffing for the project is still being completed.

7) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: John O'Brien

The Commission was adjourned at 4:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

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Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION

Tuesday, July 16, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 2, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) CPHS - MIA - Renewal contract with Catholic Charities in the amount of $358,210/per year to provide residential case management services to persons with AIDS/ARC for the period of July 1, 1991 through June 30, 1995.

(3.2) CPHS - Disease Control - Request to accept and expend a subvention in the amount of $52,464 from the State Tuberculosis Control and Refugee Health Programs Unit, to provide tuberculosis control services for the period of July 1, 1991 through June 30, 1992, and a sole source requests with Fil Beza in the amount of $5,000, to provide computer programming in MUMPS VA Fileman/VA Kernel to upgrade the data base system of the Tuberculosis Control Division for the period of August 1, 1991 through June 30, 1992.

(3.3 AIDS - Request to accept and expend a continuation of the Master Grant Agreement in the amount of $2,787,546 from the State Department of Health Services, Office of AIDS, to provide comprehensive AIDS program funding services for the period of July 1, 1991 through June 30, 1992.

3.4) DMSF - CMHS - Residential - Renewal contract with Baker Places, Inc. in the amount of $1,861,285/per year, to provide 24-hour residential and continuing care services for the period of July 1, 1991 through June 30, 1994.

(3.5) DMSF - CSAS - First modification to the contract with Bay Area Addiction Research and Treatment, Inc. in the amount of $228,076, for reducing the client waiting period, for the period of March 1, 1991 through June 30, 1991.

(3.6) DMSF - CSAS - First modification to the contract with the Regents of the University of California/AIDS Health Project in the amount of $29,987, to provide substance abuse and HIV/AIDS/ARC information, referral and drop-in services, for the period of January 1, 1991 through June 30, 1991.

(3.7) Request approval of resolution to expand eligibility of the University of California at San Francisco General Hospital physicians who are not County employees to participate in the AB 75 Physician Services Program Reimbursement.

4) **PRESENTATION OF UPDATED INFORMATION ON SERVICE IMPACTS RESULTING FROM THE MERGER OF PRESBYTERIAN PACIFIC MEDICAL CENTER AND CHILDREN'S HOSPITAL INTO THE CALIFORNIA PACIFIC MEDICAL CENTER**

5) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

6) **PRESENTATION ON THE 7th INTERNATIONAL AIDS CONFERENCE**

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, July 16, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:00 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

Absent: Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 2, 1991

Action Taken: The Commission adopted the Minutes of July 2, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Paul Rosenstiel)

(3.1) CPHS - MIA - Renewal contract with Catholic Charities in the amount of $358,210/per year to provide residential case management services to persons with AIDS/ARC for the period of July 1, 1991 through June 30, 1995.

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Commissioner Chow requested a report on the Department's outreach efforts and activities to provide services to immigrant populations in the various neighborhoods.

(3.3 AIDS - Request to accept and expend a continuation of the Master Grant Agreement in the amount of $2,787,546 from the State Department of Health Services, Office of AIDS, to provide comprehensive AIDS program funding services for the period of July 1, 1991 through June 30, 1992.

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(3.7) Request approval of resolution to expand eligibility of the University of California at San Francisco General Hospital physicians who are not County employees to participate in the AB 75 Physician Services Program Reimbursement.

This item was deleted.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.7, which was deleted.

4) PRESENTATION OF UPDATED INFORMATION ON SERVICE IMPACTS RESULTING FROM THE MERGER OF PRESBYTERIAN PACIFIC MEDICAL CENTER AND CHILDREN'S HOSPITAL INTO THE CALIFORNIA PACIFIC MEDICAL CENTER

James Heimarck, President of California Pacific Health, provided the Commission with a fact sheet and organizational chart for California Pacific Health, which is the newly-formed organization as the result of the merger between Northern California Health Center and Pacific Presbyterian Medical Center. The new hospital is known as California Pacific Medical Center.

Mr. Heimarck reported the following:

- The merger became official on June 16, 1991.
- Largest private medical center in Northern California, and the fourth largest in California
- Medical staff: approximately 1,500.
- Employees: approximately 5,300.
- Licensed beds: 1,067
- Combined gross revenues, most recent fiscal year: $509,254,000.

- Combined assets, most recent fiscal year: $426,416,000.

- City and County of San Francisco employees and family members who are members of Bridgeway Plan for Health: 10,160.

- **Northern California Health Center** was the parent company of Children's Hospital of San Francisco, Bridgeway Plan for Health, Children's Hospital of San Francisco Foundation, Northern California Medical Services, Inc., and Northern California Ambulatory Services.

- **Pacific Presbyterian Medical Center** was the institution comprising Pacific Presbyterian Hospital, Garden Sullivan Hospital, and the Health Sciences Library.

Mr. G. Aubrey Serfling, President and CEO of California Pacific Medical Center, made a presentation in response to the Commission's request to provide updated information on service impacts resulting from the merger. He stated his awareness of his responsibility to report to the Commission any reduction or elimination of services, as required by the Healthcare Planning Ordinance (Proposition Q). He reported that effective July 31, 1991, the Bone Marrow Transplant Service Program will be suspended. He reported the following two reasons for the suspension of this program, which started in 1986:

1. The program suffered from an unsuccessful recruitment effort to replace Dr. Alexander Zander, who resigned in December 1989. (Dr. Judith Lyding, who served as Acting Director following Dr. Zander's departure, submitted her resignation effective July 1, 1991).

2. In addition, the program performed an average of just 13.4 transplants per year, or 67 in five years. The American Society of Clinical Oncology and the American Society of Hematology recommend that a quality program should be performing a minimum of ten of each type of transplant per year (20 per year).

Although the program will be suspended, follow-up care of all post-transplant patients will be effectively transferred to qualified physicians by Dr. Lyding. Their records will be maintained by the Medical Center for retrieval and use by patient and physician.

There will be only two positions eliminated as the result of this program suspension. The administrative secretary for Dr. Lyding is a well qualified individual who is currently interviewing for other open positions in the medical center. The bone marrow transplant laboratory technician is also highly skilled who may have alternative options available in the clinical laboratory, but who may choose to seek employment which specifically utilizes her skills in transplantation. Both are eligible for the Medical Center's severance package. The Transplant Coordinator position is currently vacant.

No layoffs are planned for any nursing staff, who will continue to provide care to medical oncology and general medical patients.

The Commissioners raised the following concerns:

a) What is the composition of the Board of Directors for California Pacific Medical Center? Mr. Serfling stated that the Board has a

commitment to diversity on the Board and will provide information on the present Board composition to the Commission.

b) Will there be reduction in services in obstetrics, primary care, and clinical services?

c) How will staffing reductions affect services?

Public Speakers: Mary E. Foley, R.N., California Nurses Association
Peg Langham, California Nurses Association
Larry Griffin, Local 250

Concerns raised by speakers:

a) Full, not selective, disclosure on the impact on services is necessary.

b) Lack of complete information to employees.

c) Confusion and anxiety among employees, thereby causing decreased morale.

d) Importance of collective bargaining with the Unions.

Commissioner Chow pointed out, aside from the reported suspension of bone marrow transplant services, there is no present data to show decrease in services.

President Sanchez commented that the Commission has no labor role but will closely follow the impact on services. He also requested that at the next Commission meeting the suspension of the bone marrow transplant service program be on the agenda as required by Proposition Q (Healthcare Planning Ordinance). Today was the first time the Commission was informed of this service suspension.

Vice-President Underwood commented on the need for California Pacific Medical Center to provide the Commission with current updated information on a regular basis. It appears that the merger may continue to have an impact on services.

President Sanchez requested for the next Commission meeting a proposed resolution regarding regular updated information to the Commission from the California Pacific Medical Center.

Commissioner Gray raised the issue of re-looking at other recent mergers and requesting updated information on service impacts.

5) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

STATE BUDGET

- Update on Budget/Realignment: While significant pieces of the State Budget have been signed into law, including realignment of public, indigent, mental health and social services, the Legislature and Administration have not agreed on the additional revenue to close the State's $14.3 billion gap. The remaining issues have been held up because of continued disagreement on workers' compensation reform.

Although realignment legislation has been signed, several key funding issues remain unresolved. The Legislature is proposing an additional $205 million reduction in counties' vehicle licensing fee revenues in order to backfill trial court realignment. While this reduction does not have a direct impact on indigent health care, it clearly will affect the level of county general fund dollars that are available for indigent health and other public health programs. Finally, sales tax increase (one of the funding mechanisms for realignment) became effective July 15. Because of the two-week implementation delay, approximately $29 million of anticipated revenue from the sales tax increase will be lost. It is not clear at this time how the reduction will be apportioned among counties and realigned programs.

- AB 99/Tobacco Tax: The reauthorization of Proposition 99, the Tobacco Tax Initiative passed out of the Conference Committee and is ready to go to the Senate and Assembly Floors for concurrence. However, the Legislature will not act on AB 99 until after the State Budget is finalized. The net effect on DPH budgeted Prop 99 funds appears to be a loss of approximately $2.6 million.

The Governor must act on the Budget today, and the Legislature is scheduled to recess for a month on July 19. Department staff will continue to monitor the budget, and are developing an initial analysis of the impact of realignment and AB 99 on the San Francisco DPH. Staff are also active in developing and monitoring clean-up legislation for realignment.

DPH BUDGET FY 91-92

- Finance Committee: The full Board of Supervisors will consider the budget and the recommendations of the Finance Committee on July 22. An analysis summarizing the Finance Committee's action on the DPH budget is being forwarded to the Health Commission.

AIDS OFFICE

- CDC Guidelines for HIV and Hepatitis B Testing of Health Care Workers: Yesterday, the CDC announced its recommendation that physicians and clinicians who perform "exposure prone" procedures voluntarily obtain HIV antibody testing and closely monitor their HIV infection status. Examples of invasive procedures included in the guidelines are major medical and dental surgery; however, the CDC called on the medical professions to fully define procedures and operations that constitute significant risk. HIV and Hepatitis B-infected health care workers should not perform such procedures without prior review and approval from a special committee of experts. The guidelines further state that such review committees should hold the patient's interest as foremost, including informing any and all potential patients of the worker's HIV and Hepatitis B status.

The guidelines reemphasize the need for all health care workers to meticulously adhere to infection control procedures including universal precautions. Mandatory testing of health care workers is not recommended in these guidelines. The guidelines do reemphasize that the overwhelming number of medical encounters do not pose any risk of HIV or Hepatitis B infection to patients.

These guidelines do not offer to HIV-infected health care workers the assurance of confidentiality which was emphasized in the resolution adopted by the Health Commission on February 19, 1991. In particular, the CDC guidelines do not require consent of the health care worker prior to disclosure of HIV status as was outlined in the Commission's adopted resolution, nor do they emphasize the need to protect an HIV-infected health care worker from discrimination in the workplace. In addition, the Health Commission's resolution concluded that HIV-infected health care workers who were able to comply with universal precautions and infection control procedures should not be excluded or restricted from patient care activities.

The review and consideration of the new CDC guidelines and the potential ramification for our public health facilities and practices will be reviewed by the Infection Control Committee at San Francisco General Hospital and the Executive Staff of the Health Department. I will be reporting to the Health Commission on the results of this review.

Commissioner Chow requested a copy of the guidelines.

- AIDS Youth Services: Commissioner Pierre Ludington and I met with community and department representives, including several HIV-infected youth, to review prevention and health service delivery to HIV-infected youth and youth at risk for HIV infection. Discussion focused on sexually active adolescents, gay youth, STDs among youth and young adults, and substance abuse treatment needs within this population.

- Managing Diversity Workshops: Evelyn Hogan-Jackson, head of the Civil Service Commission's Affirmative Action Office facilitated a two-day workshop at Laguna Honda Hospital for AIDS Office branch chiefs and director's branch staff on the subject of cultural diversity in the workplace. This training program was well received by the AIDS Office management staff. It included: ethnic and cultural differences in performance evaluations, disclosures of early racial and ethnic biases and stereotypes for the purpose of providing insight into how those messages can be openly addressed in the diverse ethnic workplace, and ethnic differences in work styles stressing the importance of change in the workplace and valuing the cultural and diverse backgrounds of staff and clients. A second training will be held for other AIDS Office supervisory staff next week. These sessions will serve as a model for similar workshops to be provided to other City departments.

SAN FRANCISCO GENERAL HOSPITAL

- SFGH Infants: Sherry Agnos joined the nursery staff for the inauguration of the new "rock-a-bye" bed that she was instrumental in acquiring for the nursery. The "rock-a-bye" bed gently rocks the baby with simulated sounds of breathing and heartbeat and assists staff in caring for babies born with drug exposure.

- SFGH Trauma Center: On July 22, the hospital will celebrate Trauma Recognition Day at a noontime ceremony with Mayor Agnos. The Mayor will also present awards of heroism to two members of the 4B nursing staff who risked their own lives to save the life of a delusional patient attempting to escape via the fourth floor window. The Health Commission has been invited to attend.

- 60 Minutes 5A Story: The CBS 60 minutes documentary on Ward 5A, produced in 1990, has been chosen to receive the National Association of Health Care Recruitment "Jane Pauley Media" award at its national convention in San Diego on July 18. CBS will send representatives to receive the award along with two SFGH nurses featured in the story, David Denmark and Ann McCabe. The award will be presented at a gala breakfast followed by a showing of the documentary.

  CBS will rebroadcast the documentary on Sunday, July 28. For those who missed the program last year, it is a deeply moving, inspiring story of patients with AIDS and their caregivers on Ward 5A.

- Psychiatric Emergency Services Update: PES continues to meet patient demand with no diversion.

- Poison Control Update: I have sent a second letter to the nine counties served by the Regional Poison Control Center with a fact sheet detailing individual community hospitals' utilization in the various counties and payment of membership dues in 1991. Some counties have suggested that their local hospitals increase their contributions and pool resources to enable the counties to fully meet their obligation. I noted the strong position of the SF Board of Supervisors, led by Supervisor Shelley, that support from other counties is essential to the continuation of services.

LAGUNA HONDA HOSPITAL

- State Licensure and Certification: The State survey team of nine has been augmented by three regional consultants. The initial survey process is tentatively expected to be completed by Wednesday, July 17 at which time an oral report will be made of the findings. The Joint Conference Committee has been invited to attend the oral presentation at 3 pm.

COMMUNITY PUBLIC HEALTH SERVICE

- Update on Tuberculosis: Recent newspaper reports have focused attention on the increase in active tuberculosis cases in San Francisco and throughout the State. As you know, San Francisco has historically had a relatively high rate of active T.B., primarily due to the large numbers of immigrants who reside here. Over the past year, active TB cases have increased from 286 to 334, a 16% increase. This compares with the statewide increase of 40%. Nearly all of this increase in San Francisco can be attributed to people with AIDS who have developed an active infection of T.B.

  In spite of the City's large population of immigrants and HIV-infected individuals, San Francisco has avoided the explosive increase in active T.B. found in other counties. This is due, in part to the extensive prevention efforts implemented by the DPH T.B. control program, including pediatric and adult primary care, ATS site referral to T.B. screening clinic and diligent screening, early diagnosis, and treatment efforts.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Psychiatric Inpatient Service Audit: Last Friday, the State completed their audit of the SFGH Psychiatric Inpatient Service. At the Exit Interview, the State indicated total disallowances of 6.3%. Last year's audit disallowances were 49%.

  DMSF and SFGH staffs worked very closely and intensively on preparation for this audit and are to be commended for their collective efforts. This tremendous improvement is a direct result of Dr. Okin's leadership, the

work of Alex Anagnos, Director of Quality Assurance and other DMSF staff, and the increased collaborative efforts by both staffs working together to develop appropriate treatment plans, document procedures, and utilization review plans. This coordinated planning has led to assuring continuity of treatment as well as to reduce financial losses to both SFGH and DMSF.

For the first time in four years, SFGH is on target in meeting Medi-Cal revenues in psychiatry. This success can be attributed to the close coordination and follow-up that is taking place between the hospital's Department of Psychiatry and Patient Billing Office and the DMSF Finance Office.

- State Hospital Beds: DMSF received notification that the State accepted San Francisco's "Napa Buyout" proposal for 91-92. Funds from this transfer ($1.5 million) were included as revenue in the division's 91-92 budget.

- Case Management Program Waiver: DMSF was granted a waiver for its Case Management Program for full reimbursement for the range of case management activities offered at many of its ambulatory sites. DMSF is on schedule converting non-case management programs to certified case management programs, and therefore will be on target for revenue collections.

- Community Crisis Clinic: Services at the Clinic have been maintained for 7 days/12 hours a week for the remainder of July pending action on the Budget by the full Board of Supervisors.

PUBLIC INFORMATION OFFICER

- Appointment: I am pleased to announce the appointment of Wendy Ho Iwata as the new Public Information Officer for DPH starting July 22. Ms. Iwata most recently served as the Public Relations Manager for the Port of San Francisco. Prior to her assignment at the Port, she served as the Public Participation Coordinator for the Clean Water Program. She previously worked in marketing, publicity, and sales promotion at KQED TV and KGO TV. This appointment culminates an extensive six month search process.

PRESIDIO CLOSURE

- Congressional Hearing: On July 8, the House National Parks Subcommittee held a Congressional Oversight Hearing on the closure of the Presidio Army Base. The hearing was chaired by Congressman Vento and attended by Congresswoman Pelosi, and Congressmen Miller, Richardson, and Lachmarbino.

  San Francisco was represented by Mayor Agnos and Allison Kendall, City Planning coordinator for the Presidio closure. Also attending were Brian O'Neill, Superintendent of the Golden Gate National Recreation Area, DPH staff, community and environmental representatives. Mayor Agnos made the following points:

  - There is lack of commitment for federal funding for many aspects of the Presidio to protect health and safety.

  - The public review process should include the 8 sub agreements between the Army and the National Park Service. Currently, these agreements are unavailable to the City.

  - Housing on the Presidio should be made available to all branches of the Armed Forces during the years of transition so the Presidio remains occupied.

Allison Kendall expanded on the Mayor's testimony:

- Adequate federal funding for operations and maintenance during the transition period is essential to avoid damage to the Presidio's natural and historic resources and risks to public health and safety, i.e. backlog of deferred maintenance reportedly totaling $22 million.

- City ambulances cannot respond to routine medical emergencies. The City Paramedic Division will try, resources permitting, to respond to multicasualty incidents, medical disasters or other such incidents that would, as in past practice, invoke medical mutual aid.

- The Presidio's outdated and deteriorated infrastructure requires major improvements estimated to total $118 million, including improvements to water and sewer systems to avoid current violation of water quality laws. There is a still unkown cost for toxic clean-up.

Congresswoman Pelosi requested the information from the City in the following areas:

- Emergency Medical Services. A letter was sent to Congresswoman Pelosi by the Mayor regarding the premature downgrading of the emergency department of Letterman Army Medical Center.

- Impact on the City due to the scheduled closure of the HIV Clinic. The Health Department has requested additional information from the Army in order to comply with this request.

- Impact on disaster response, such as an earthquake, by the closure of the Army Presidio Base. Mayor's Office of Emergency Services will respond to this request.

- The need for long term care beds for the City and County of San Francisco. DPH will respond based on the need for institutional long term care beds. Patient population would include those with HIV disease, Alzheimer's disease, head trauma, as well as those with gero-psychiatric and rehabilitation needs.

- On Friday, I will be meeting with Superintendent Brian O'Neill of the Golden Gate National Recreation Area to discuss mutual concerns regarding the Presidio and Letterman closures. Also attending will be Associate Director Myra Snyder who will coordinate DPH concerns regarding the Presidio.

PUBLIC MANAGERIAL EXCELLENCE AWARDS

- DPH Nominations for 1991: The annual Public Managerial Excellence Awards recognizing significant achievements during the 1990-91 fiscal year by city managers will be presented on November 13. Five awards of $1,200 will be awarded to managers who have demonstrated outstanding leadership and performance. This year, I am pleased to announce that the Department has nominated six employees for the award:

Laguna Honda Hospital
Joann Chapman, R.N., Nursing Instructor
Edward P. Craft, Jr., Superintendent of Plant Services
Susan Spencer, R.N., Head Nurse, Hospice/AIDS Unit

San Francisco General Hospital
Yuhum Digdigan, R.N., M.S., Director, Nursing Operations
Carol Sorgen, R.N., M.S., Director of Emergency Nursing
Charles Saunders, M.D., Medical Director, Paramedic Div.

JUNE STATISTICS

- AIDS Statistics (from 7/1/81 to 6/30/91)

Total San Francisco cases:	10,696
Total San Francisco deaths:	7,450
Total S.F. cases for June:	177
Total S.F. deaths for June:	121

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns):	323
Newborn Nursery:	15
Actual Patient Days (except newborns):	9,680
Newborn Nursery:	454
Admissions (except newborns)	1,612
Newborn Nursery:	147
Average Length of Stay (except newborns)	6
Newborn Nursery:	4
Discharge Patient Days (except newborns)	10,092
Newborn Nursery:	507
Discharges (except newborns)	1,633
Newborn Nursery:	143

Outpatient Visits

Primary Health

Family Health:	2,646
General Medicine:	1,751
Pediatric:	2,603
OB/GYN:	2,298
Specialty Clinics:	10,356

- Mental Health

SFGH/Acute Psychiatric Beds:	68
(23 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	0

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
Health Center #1	1,962	840	2,802
Health Center #2	393	346	739
Health Center #3	1,145	526	1,671
Health Center #4	1,018	1,050	2,068
Health Center #5	1,348	276	1,624
Tom Waddell Clinic	404	2,284	2,688
Potrero Hill H.C.	412	662	1,074
Southeast H.C.	189	821	1,010
YGC Guidance Ctr. (incl. SPY, LSYC, L. Cabin, H. House)	7,615	820	8,435
TOTAL	14,486	7,625	22,111

Disease Control Visits:	
TB Clinic	2,033
City Clinic	2,099

6) PRESENTATION ON THE 7TH INTERNATIONAL AIDS CONFERENCE

Dr. Sandra Hernandez, Director of the AIDS Office, provided highlights of the 7th International AIDS Conference held on June 16-21, 1991, in Florence, Italy. The theme was "Science Challenging AIDS". The topics covered included:

Treatment and Prophylaxis of Opportunistic Infections
Determinants for HIV Disease Progression
HIV Vaccine Data
Trends in Epidemiology
Health Care Worker Issues
Prevention Issues

Dr. Hernandez reported that the organizers of the 1992 conference, scheduled for Boston, have indicated that if the ban on HIV-infected people immigrating to or even traveling in the United States is not retracted before August 3rd, they will cancel next year's meeting. In 1993, the conference will be in Berlin; in 1994, in Japan; and after that, the International AIDS Society, which co-sponsors the event, has decided the conference will take place only every other year.

7) OTHER BUSINESS/PUBLIC COMMENTS

President Sanchez requested the Commission to add to the agenda a consideration of a resolution opposing Senate Bill 376, which would preempt local ordinances or regulations that attempt to regulate the sale, distribution, advertising, or promotion of tobacco products, smoking in public places, or smoking in workplaces excepting local ordinances in effect on July 1, 1991.

Action Taken: The Commission added the above item to the agenda for consideration today, as an emergency, since the need to take action arose subsequent to the agenda being posted.

Action Taken: The Commission adopted Resolution #15-91 (Attachment A).

Commissioner Chow requested the Department to prepare a resolution for Commission consideration at the next meeting on the issue of challenging the 1990 Census count and supporting an accurate count. U.S. Commerce Secretary, Robert Mosbacher, had announced his decision to let the 1990 census count stand. Commissioner Chow pointed out the importance of having an accurate count for San Francisco's representation and potential Federal and State dollars for health services.

Commissioner Gray commended Dr. Baxter on his television interview on Channel 6's Viewpoint on July 11, 1991.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-91

REQUESTING OPPOSITION TO THE ENACTMENT OF SENATE BILL 376, STATE LEGISLATION REGARDING TOBACCO CONTROL WHICH WOULD PREEMPT LOCAL ORDINANCES OR REGULATIONS THAT ATTEMPT TO REGULATE THE SALE, DISTRIBUTION, ADVERTISING, OR PROMOTION OF TOBACCO PRODUCTS, SMOKING IN PUBLIC PLACES, OR SMOKING IN WORKPLACES EXCEPTING LOCAL ORDINANCES IN EFFECT ON JULY 1, 1991

WHEREAS, State Senator Hill and Assembly Member Felando have introduced Senate Bill 376 regarding tobacco control which would preempt local ordinances or regulations that attempt to regulate the sale, distribution, advertising, or promotion of tobacco products, smoking in public places, or smoking in workplaces excepting local ordinances in effect on July 1, 1991; and

WHEREAS, SB 376 would prohibit stronger local ordinances from being enacted which impede the sale, distribution, advertising, or promotion of tobacco products, smoking in public places, or smoking in workplaces; and

WHEREAS, SB 376 would reduce the severe penalties of $2,500 - $6,000 and liability for those violating the state provisions of law regulating the sale, distribution and promotion of tobacco products to minor fines of $100 - $1,000; and

WHEREAS, there has been a growing interest among cities and counties to seek passage of ordinances which will restrict the sale, distribution, advertising or promotion of tobacco products, smoking in public places, or smoking in workplaces; and

WHEREAS, many communities have such more restrictive ordinances in the planning stage or pending approval by their local city council or board of supervisors; and

WHEREAS, San Francisco City and County Board of Supervisors unanimously voted in June 10, 1991 to enact an ordinance restricting cigarette vending machines which is much more stringent than the proposed state legislation; and

WHEREAS, the City and County of San Francisco would be prohibited from enacting local ordinances currently in the planning stage which would further restrict the sale, distribution, advertising or promotion of tobacco products, smoking in public places, or smoking workplaces; and

WHEREAS, smoking is the major preventable cause of death. It is responsible for 1 out of every 6 deaths; and

WHEREAS, each day, more than 3,000 children start smoking; and

WHEREAS, a 1990 Inspector General's Report study of youth access to cigarettes found that youth access laws are not being enforced and that those areas that have active enforcement rely on local leadership; and

WHEREAS, on April 19, 1991 the Environmental Protection Agency's Scientific Advisory Board recommended that environmental tobacco smoke be classified as a "Class A" carcinogen - the most dangerous category of cancer-causing agents, which includes radon, asbestos and benzene; and

WHEREAS, research from the University of California, appearing in the American Health Association Journal Circulation estimated that environmental tobacco smoke is responsible for 53,000 deaths each year in the United States alone; and

WHEREAS, passive smoke has been linked to an increased incidence of bronchitis, pneumonia, wheezing and middle ear disease in children; and

WHEREAS, tobacco industry advertising and marketing strategies aggressively target children, now, be it

RESOLVED, that the Health Commission opposes the enactment of Senate Bill 376 and urges the Board of Supervisors of the City and County of San Francisco to also oppose SB 376; and, be it

FURTHER RESOLVED, that the Clerk of the Board of Supervisors provide a copy of this Resolution to Hellan Dowden, Legislative Advocate for the City and County of San Francisco, to convey to the San Francisco Delegation, to the authors of SB 376 (Senator Hill, Assembly Member Felando), the Governor Pete Wilson, Senate President Pro Tempore David Roberti, Assembly Speaker Willie J. Brown, Jr., and the Director of the State Department of Health Services.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, July 16, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

City and County of San Francisco
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Department of Public Health
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Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

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AGENDA

HEALTH COMMISSION

Tuesday, August 6, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 16, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) CPHS - Administration - Renewal contract with Haight Ashbury Free Medical Clinics, in the amount of $144,265/a year, to provide medical care for low-income residents and to secure screening and follow-up services for persons at risk for AIDS for the period of July 1, 1991 through June 30, 1994.

(3.2) CPHS - Family Health - Second modification to the contract with Pharmedix in the amount of $13,200, to provide pharmacy services for the period of July 1, 1991 through December 31, 1991.

(3.3) CPHS - Family Health - Child Health and Disability Prevention program - Request to accept and expend an allocation in the amount of $2,105,,021 from the State Department of Health Services, to provide outreach and case management services for low income children and high-risk pregnant women in San Francisco for the period of July 1, 1991 through July 1, 1992.

(3.4) CPHS - Special Programs for Youth - Request to accept and expend, as sub-grantee, a continuation grant in the amount of $90,116 from the Department of Health Resources and Services, to provide community health outreach for youth for the period of August 1, 1991 through June 30, 1992.

(3.5) AIDS - Request to accept and expend a grant in the amount of $682,910 form the State Department of Health Services, Office of AIDS, to provide for the Comprehensive AIDS Resources Emergency (CARE) Program/Title II delivery of comprehensive health and support services to individuals with HIV disease for the period of October 1, 1991 through September 30, 1992.

(3.6) DMSF - CMHS - Request to accept and expend a continuation grant in the amount of $283,000 from the State Department of Mental Health Services, to provide consultation, education and information services for the period of July 1, 1991 through June 30, 1992.

(3.7) DMSF - CMHS - Adult Community - Renewal contract with Catholic Charities of San Francisco in the amount of $218,640, to provide community outreach and 24-hour services for the period of July 1, 1991 through June 30, 1992.

(3.8) DMSF - CMHS - Adult Acute, Geriatrics - Renewal contract with Crestwood Hospitals, Inc. in the amount of $2,707,741/per year, to provide 24-hour and Partial Day subacute locked skilled nursing services for the period of July 1, 1991 through June 30, 1994.

(3.9) DMSF - CMHS - Adult Community - Renewal contract with Regents of the University of California, SFGH, Department of Psychiatry in the amount of $1,402,237, to provide outpatient, case management, and outreach services for the period of July 1, 1991 through June 30, 1992.

(3.10) DMSF - CSAS - Site approval for relocation for Bayview Youth Services, a program of the Bayview-Hunter's Point Foundation for Community Improvement, Inc. from 5033 and 5021 Third Street to 5048 Third Street, San Francisco, CA 94124 to provide outpatient substance abuse prevention, education, information and counseling services to youth in San Francisco.

(3.11) Consideration of approving a policy regarding utilization of AB 75 Health Education account funds for professional services:

a) To extend contract periods for selected 10 contractors through November 30, 1992.

b) To designate the balance of the professional services budget to a policy/media campaign.

4) **REPORT OF THE ACTING DIRECTOR OF PUBLIC HEALTH**
(Florence Stroud, M.N., M.P.H.)

5) **DISCUSSION OF THE YOUNG MEN'S STUDY.**

6) **HEARING ON THE SUSPENSION OF THE BONE MARROW TRANSPLANT SERVICE PROGRAM AT CALIFORNIA PACIFIC MEDICAL CENTER**
(Health Care Planning Ordinance).

7) **CONSIDERATION OF A RESOLUTION REGARDING CALIFORNIA PACIFIC MEDICAL CENTER TO PROVIDE REGULAR UPDATED INFORMATION.**

8) CONSIDERATION OF A RESOLUTION CHALLENGING THE 1990 CENSUS COUNT AND URGING AN ACCURATE COUNT AS IT RELATES TO HEALTH SERVICES.

9) OTHER BUSINESS/PUBLIC COMMENTS.

10) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a) "PENDING LITIGATION," CONSIDERATION OF CASE #927223, PETITION TO COMPEL ARBITRATION, LOCAL 790 SEIU AFL-CIO VS. CCSF AT ABOUT $35,000.

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, August 6, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 16, 1991

Action Taken: The Commission adopted the Minutes of July 16, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Paul Rosenstiel)

(3.1) CPHS - Administration - Renewal contract with Haight Ashbury Free Medical Clinics, in the amount of $144,265/a year, to provide medical care for low-income residents and to secure screening and follow-up services for persons at risk for AIDS for the period of July 1, 1991 through June 30, 1994.

(3.2) CPHS - Family Health - Second modification to the contract with Pharmedix in the amount of $13,200, to provide pharmacy services for the period of July 1, 1991 through December 31, 1991.

This item was deferred to a future meeting.

(3.3) CPHS - Family Health - Child Health and Disability Prevention program - Request to accept and expend an allocation in the amount of $2,105,,021 from the State Department of Health Services, to provide outreach and case management services for low income children and high-risk pregnant women in San Francisco for the period of July 1, 1991 through July 1, 1992.

An annual update on the program will be provided to the Commission.

(3.4) CPHS - Special Programs for Youth - Request to accept and expend, as sub-grantee, a continuation grant in the amount of $90,116 from the Department of Health Resources and Services, to provide community health outreach for youth for the period of August 1, 1991 through June 30, 1992.

(3.5) AIDS - Request to accept and expend a grant in the amount of $682,910 form the State Department of Health Services, Office of AIDS, to provide for the Comprehensive AIDS Resources Emergency (CARE) Program/Title II delivery of comprehensive health and support services to individuals with HIV disease for the period of October 1, 1991 through September 30, 1992.

(3.6) DMSF - CMHS - Request to accept and expend a continuation grant in the amount of $283,000 from the State Department of Mental Health Services, to provide consultation, education and information services for the period of July 1, 1991 through June 30, 1992.

(3.7) DMSF - CMHS - Adult Community - Renewal contract with Catholic Charities of San Francisco in the amount of $218,640, to provide community outreach and 24-hour services for the period of July 1, 1991 through June 30, 1992.

(3.8) DMSF - CMHS - Adult Acute, Geriatrics - Renewal contract with Crestwood Hospitals, Inc. in the amount of $2,707,741/per year, to provide 24-hour and Partial Day subacute locked skilled nursing services for the period of July 1, 1991 through June 30, 1994.

(3.9) DMSF - CMHS - Adult Community - Renewal contract with Regents of the University of California, SFGH, Department of Psychiatry in the amount of $1,402,237, to provide outpatient, case management, and outreach services for the period of July 1, 1991 through June 30, 1992.

Public Speaker: John O'Brien

(3.10) DMSF - CSAS - Site approval for relocation for Bayview Youth Services, a program of the Bayview-Hunter's Point Foundation for Community Improvement, Inc. from 5033 and 5021 Third Street to 5048 Third Street, San Francisco, CA 94124 to provide outpatient substance abuse prevention, education, information and counseling services to youth in San Francisco.

(3.11) Consideration of approving a policy regarding utilization of AB 75 Health Education account funds for professional services:

a) To extend contract periods for selected 10 contractors through November 30, 1992.

b) To designate the balance of the professional services budget to a policy/media campaign.

There are 3 contracts (i.e. - YMCA, Hispanic Headquarters Advertising, and Friendship House) that are still pending approval by the Commission.

Commissioner Gray, Chair of the Joint Conference Committee on Community Public Health, recommended approval of these two policies after having discussed the issues in committee.

Commissioner Chow commented on the need to have the Department coordinate with all the community groups receiving AB 75 funds. Staff reported that a monthly coalition meeting is used for input, coordination, and information-sharing.

Action Taken: The Commission approved the Consent Calendar of the Budget Committe, except for #3.2 which was deferred to a future meeting.

President Sanchez announced that the Health Commission will not meet on August 20, 1991; the next Health Commission Meeting will be held on Tuesday, September 3, 1991 from 3:00 p.m.

4) REPORT OF THE ACTING DIRECTOR OF PUBLIC HEALTH
(Florence Stroud, M.N., M.P.H.)

DPH BUDGET FY 91-92

- Update on City/County Budget: On July 31, 1991, the Board of Supervisors (8-3) passed the City/County budget for 1991-92. Following much debate and negotiations, the budget contained the following differences from the Finance Committee's proposed budget:

  - A change proposed by Supervisor Hsieh for the one-time early retirement option that will be considered by the voters in November. The key issues in negotiating the early retirement proposal were (1) the level of incentive workers would get to retire early - adding 2 years service and 2 years of age versus 3 and 3 - and (2) a plan for eliminating positions from which workers retired. The Board finally settled on 3 years service and 3 years of age, and the legislation authorizes a committee that would consider specific criteria in deciding whether to eliminate the positions from which workers retires. The goal is to eliminate half of the positions.

  - An augmentation of $152,000 for an education program for youth at risk of HIV infection. The Department will submit a supplemental to spend these funds at the next scheduled Commission meeting.

- Update on SB 855 Funds: As part of the budget debate, Supervisor Achtenberg proposed and the Board passed a resolution stating the intent of the Board to spend SB 855 funds for a specific list of programs and urging the Mayor to submit a supplemental request consistent with the Board's priorities. The list is lengthy and includes a variety of AIDS and HIV-related programs as well as a number of programs that were reduced in the budget. Sam Yockey, the Mayor's Finance Director, estimated that the programs in the resolution could cost $7-9 million annually, just over a third of what is expected in 1991-92. The resolution, however, does not specify levels of funding tied to each program.

The Department will evaluate these programs as part of its overall SB 855 planning process to develop a proposal with input from the Ad Hoc Budget Advisory Committee and review and approval by the Health Commission. A preliminary DPH position paper on the use of SB 855 funds has been forwarded to the Commission.

Meanwhile, the Governor has signed SB 855 into law. The next step will be for the State to seek an amendment to its State Medicaid Plan in order to incorporate the SB 855 program. The State should be ready to do so in two weeks; the federal government would then have 90 days to respond.

In a related action, the Department has heard that HHS will be proposing regulations sometime in the near future regarding voluntary donations, provider taxes, and intergovernmental transfers. These are all programs which in one way or another use local funds to expand federal Medicaid funds. These proposed regulations could have an impact on HCFA's consideration of the State's SB 855 proposal.

Federal agencies are extremely concerned with the rising cost of Medicaid. The Federal Inspector General has recently termed Medicaid programs similar to the one envisioned in SB 855 "an uncontrollable virus" spreading from state to state, driving up federal Medicaid costs. The Office of Management and Budget recently sent out a "swat team" to conduct several state audits, including one in California. Additionally, the Bush administration would like to restrict states' ability to maximize federal Medicaid dollars, in order to better control federal costs. As a result, there is no reason to assume that SB 855 will be a continuing program.

Given the uncertainties, the Health Department is recommending that any SB 855 funds obtained this year be treated conservatively as "one time only" dollars. The Department's recommendations will take into account the uncertainty of these funds and seek to use them strategically to strengthen the Department's programs. The priorities will reflect: the incertitudes of SB 855 revenues; a commitment to an integrated approach to health services; and build upon many of the principles established during this year's budget development process.

Commissioners Rosenstiel, Sanchez, and Chow expressed their support for the Department's approach and process in its plan to bring to the Commission policy options for the SB 855 funds.

AIDS OFFICE

- Expanded AIDS Case Definition: The AIDS Office was notified last week that the CDC is seriously considering adopting a broadened AIDS Case Definition. Under the proposed new definition, which tentatively has been scheduled for implementation effective January 1, 1992, any HIV antibody positive adult or adolescent with CD4 lymphocyte counts less than or equal to 200 would be given an AIDS diagnosis. The Conference of State and Territorial Epidemiologist Position Statement #2 has recommended this change to federal health officials.

  The AIDS Office is in the process of evaluating the full impact of this proposed expanded case definition. In addition, Dr. Baxter met last week with select community leaders as well as other Health Department staff to begin to address the issues of active case surveillance, increased access to care; emotional, social, psychological, political reaction by affected

communities; and the potential fiscal ramifications (federal, state, and local) of this important change. The Department will continue to update you on any new developments in this matter.

- Federal Policy on Travel & Immigration by HIV-Infected People: Another proposed change in Federal Health Policy includes a preliminary "compromise" regarding travel and immigration restrictions by HIV-infected individuals. The proposed new federal policy has not yet been drafted or disseminated by the office of the Secretary of Health and Human Services; however, there appears to be federal consensus about its intent.

  Under the proposed policy, travelers would not be excluded from entry into the country as long as they do not "intend to seek permanent residence". The Immigration and Naturalization Service will continue to restrict against permanent residency based on fiscal considerations according to the Bush Administration. In the past, diseases had been put on the list of communicable diseases for which travel and immigration are restricted because of a conceived public health threat. The use of cost considerations for continuing to include HIV infection on such a list constitutes an alarming new precedent in immigration and health policy.

  Of note, under the proposed policy change, HIV-infected delegates to the International AIDS conferences in the United States would be permitted to enter the country.

  The Health Commission, along with many other Health Service officials, have affirmed the policy that HIV infection should be taken off the list which restricts immigration. The Health Department will continue to advocate the Health Commission's policy on this matter and keep you apprised of any new developments on this issue.

- Supplemental Funding from the CDC for Seroprevalence Study: The AIDS Office was notified late Friday that the CDC is interested in funding a follow-up of the Young Men's Study recently conducted by the Department. They are specifically interested in seroprevalence data on young men ages 17-21. Funding can be made available as early as September 1, 1991, with continuation funding into the next federal fiscal year. As much as $200,000 may be available annually to support this important research project.

- Survey of Southeast Asians Knowledge About AIDS: A recent survey found that Southeast Asians in San Francisco's Tenderloin area lack the basic knowledge and information about AIDS needed to prevent the spread of HIV infection. The study, the first AIDS survey of a Southeast Asian community in the United States, was conducted by the Center for Southeast Asian Refugee Resettlement in collaboration with the Department of Public Health.

  The survey suggests that prevention messages have not yet reached the Southeast Asian community. Only 36% of Cambodians, 61% of Laotians and 69% of Vietnamese had heard or received information about AIDS. More than half of the respondents misidentified ways of transmitting AIDS.

  High-risk behaviors differed substantially among the Laotian, Vietnamese and Cambodian respondents. A significant proportion (26.4%) of Laotians surveyed reported high-risk sexual or drug use behaviors, whereas only 8% and 5.7% of Vietnamese and Cambodian respondents reported unsafe

behaviors. Laotians reported higher rates of injection drug use (11%) than Vietnamese (0%) or Cambodians (1%). Laotians were also more likely to not use condoms and to have multiple sex partners. The study suggests that the level of high risk behavior reported by the Laotians was unexpected and calls for further research and the development of special outreach efforts.

This data points to a need for a comprehensive AIDS education campaign specifically designed and targeted to Southeast Asian communities. The study reinforces the need to emphasize AIDS education in people of color communities. The AIDS Office will review funding options from existing resources to target additional and appropriate prevention and education services to meet the needs identified in the survey for these communities.

Copies of the executive summary of the study will be forwarded to the Health Commission.

HIV TESTING

- Restrictions of Health Workers: The recently passed Senate Treasury Postal Services Appropriations bill, which would prohibit HIV-infected health workers from performing invasive procedures on a patient, now must be heard by the House-Senate Conference on the bill. House conferees have not yet been selected, and Conference dates have not been set. The Conference will probably convene after the August recess, from August 2nd through September 10th. The House Energy and Commerce Health Subcommittee is scheduling hearings on this issue in September, as well.

  Dr. Sam Ho, Acting Health Officer and several SFGH medical staff have been participating in a Citywide AIDS Task Force, called by the San Francisco Medical Society, San Francisco AIDS Foundation, and the American Association of Physicians for Human Rights. Other participating organizations include the American Foundation for AIDS Research; West Bay Hospital Conference; American College of Dentistry; California Nurses Association; and several practicing physicians.

  All participants are strongly supportive of measures which would protect the public's health from HIV, Hepatitis B, and any other blood-borne infections. The Task Force has uniformly endorsed its commitment to all policy which promotes, monitors, and enforces adherence to universal precautions and infection control guidelines. Current surveillance data indicate that existing infection control guidelines are effective and that the risk of HIV transmission from infected health workers to patients is extremely remote.

  Furthermore, some members of the Task Force feel that Federal policy focused on the HIV status of health workers is misleading without proper emphasis on infection control standards: compromises the civil rights of HIV-infected health workers; would deter health workers from treating individuals at-risk for HIV and, therefore, diminishes the provider pool committed to HIV-infected patients; and would be extremely impractical to implement.

  The Task Force will continue to meet in order to develop an effective public response to the recent Senate bill in particular, and the rising level of public awareness in general. At [illegible] will [illegible] this issue.

SAN FRANCISCO GENERAL HOSPITAL

- Named Best Hospital Nationally in AIDS Treatment: San Francisco General Hospital was named the best hospital in the nation for AIDS care in the National Opinion Research Center survey for U.S. News and World Report, August 5, 1991. 52% of the 1,000 board certified physicians responding to the question chose SFGH as "the best" hospital for AIDS treatment.

  This recognition is richly deserved. Since the beginning of the epidemic, SFGH has provided an interdisciplinary model that crossed the boundaries between acute care, outpatient care, clinical research and community services. The hospital cares for 25%-30% of the city's AIDS patients. SFGH also provides international leadership in addressing research and policy issues.

- Update on Psychiatric Emergency Services: There have been no diversions at PES. While the unit has been extremely busy since the shift of all 5150s to the hospital, internal resolutions have been used to avoid diversions. Problems related to drug and alcohol abuse continue to be a major stress on PES.

- Chief of Rehabilitation Medicine Honored: Dr. Sheldon Berrol, the Chief of Rehabilitation Medicine was honored at Baylor University last month. The new Cognitive Retraining Laboratory at Baylor's Institute for Cognitive Rehabilitation and Research was named for Dr. Berrol in recognition of his outstanding work in this field.

- Cal-OSHA Variance Request for Coding Occupational Injury and Illness Reporting: The Department has requested a variance from Cal-OSHA so that all identifying information on occupational injury and illness reporting forms may be coded if an employee has an occupational exposure to blood or body fluids. The purpose of this variance request is to encourage employees to report blood and body fluid exposures, receive appropriate tests, treatment and counseling, and still protect the identity of the employee who received such exposures. The DPH Post Exposure Management program is handled centrally through the SFGH Occupational Infectious Diseases Service.

LAGUNA HONDA HOSPITAL

- Licensing & Certification Annual Survey: On Wednesday, July 17, the Licensing and Certification survey team conducted an informal summation conference of their findings for the skilled nursing facility and an exit conference for the acute hosptial. Two departments were complimented for their exemplary performance: medical records services and social services. The therapeutic activities department was also commended for significant improvements over the 1990 survey. One standard was deemed out of compliance in the pharmacy. A plan of correction will be submitted after receipt of the written list of deficiencies which is expected shortly.

COMMUNITY PUBLIC HEALTH SERVICES

- Childhood Lead Poisoning Surveillance Activities: Lead in paint, found in homes built before 1978 but in even higher quantities in those built before 1950, is the major source of childhood lead poisoning. Of the top ten US metropolitan areas for the number of children at risk of lead poisoning from older homes with lead-based paint, the San Francisco Oakland area ranks ninth. There are an estimated 21,300 children aged 1 to 5 years living in the 70% of San Francisco housing built before 1950.

In order to determine the prevalence of lead poisoning in a sample of San Francisco children, the Bureau of Epidemiology and Disease Control, in collaboration with the Child Health and Disability Prevention Program (CHDP), the Bureau of Toxics, Health and Safety Services, and the California Department of Health Services has been promoting blood lead screening of children who have CHDP examinations. Screening has started at three sites, and arrangements are being finalized to facilitate screening at several other CHDP provider sites. These providers primarily serve the Mission, Bayview Hunter's Point, Western Addition, and Chinatown communities. This screening of children aged 9 months through 5 years will continue for about a 3-month period in order to screen approximately 1,000 children, an adequate number for analysis.

Children identified with elevated blood lead levels (15 ug/dl or higher) are entered into the DPH Lead Case Management Program. This entails monitoring medical and case management and a home visit for an assessment of exposure, education of parents, and recommendations for control and prevention. In cases of moderate lead poisoning (20 ug/dl or higher), environmental sampling is also done and recommendations are made for abatement of the hazard. Children are followed by CHDP and are eligible for California Childrens Services.

To date, approximately 190 children have been screened, 18 have been identified with blood levels above 15 ug/dl and three with levels above 20. One has required hospitalization for intravenous treatment.

Major efforts to date include initiating countywide surveillance, providing case management and environmental assessments, lab linkages, and developing medical treatment protocols. Major issues requiring increased attention include formulating or clarifying policies and regulations on abatement of hazards; intensified communitywide education about lead poisoning; and assistance in providing temporary and long-term safe housing to families of lead poisoned children.

The results of this survey will result in a major lead poisoning screening and intervention program. This is the first stage in defining the problem.

Commissioner Gray raised the question of what kind of paint is used by the San Francisco Housing Authority at their housing sites.

The Department will provide to the Commission an update on this issue in the Fall.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Realignment Activities: Jo Ruffin, Assistant Director of Clinical Services has been appointed coordinator of realignment activities. The division will also establish a small working group, including representatives of advisory, consumer, and provider groups, to make recommendations regarding realignment activities.

HOMELESS PROGRAM

- Hud Appropriations Bill: As the result of meetings with Mayor Agnos, Senator Barbara Mikulski, (D-Maryland) has included $4 million in the HUD Appropriations bill for capital costs for a detoxification and residential treatment center for homeless substance abusers in San Francisco. Senator Mikulski was impressed by the comprehensiveness of San Francisco's homeless plan and indicated her willingness to assist in the financing of a program

that the Mayor identified as his next priority. Final passage of the bill is expected before the Senate recesses in August.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Toxics Control Management System: The Controller's Information System Division has nominated the Toxics Control Information Management System as the City and County's entry for the National City and State Association Awards for innovation in information management.

PRESIDIO/LETTERMAN ARMY MEDICAL CENTER

- Meeting with Superintendent of GGNRA: The major focus of Dr. Baxter's meeting with Brian O'Neill, Superintendent of the Golden Gate National Recreational Area on July 18 was to convey to the National Park Service the desire of the Department of Public Health to be a partner in the planning process for the transition and base closure of the Presidio regarding issues of health and environmental safety. DPH positions related to Presidio issues were reiterated, including but not limited to, toxics, water quality, emergency medical services. Dr. Myra Snyder also attended the meeting.

  Mr. O'Neill was receptive to DPH participating in the planning process and he discussed the possibility of the Department participating as a member of the Health Advisory Committee, reporting to the 30 plus member Presidio Council.

  According to Mr. O'Neill, Letterman would be a part of the overall planning for the Presidio. The National Park Service would broadly define the use of Letterman and planning is not limited to a "health facility" use. Parties interested in Letterman as a health facility are: Veterans Administration, UCSF, and SF Department of Public Health.

JULY STATISTICS

- AIDS Statistics (from 7/1/81 to 7/30/91)

Total San Francisco cases:	10,837
Total San Francisco deaths:	7,599
Total S.F. cases for July:	163
Total S.F. deaths for July:	165

- Laguna Honda Hospital

Average Daily Census:	1,077
Acute Med/Surg:	2
Acute Rehab:	2
Clarendon Hall:	168
AIDS SNF:	10

- Mental Health

SFGH/Acute Psychiatric Beds:	61
(21 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	0

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
Health Center #1	2,281	3,248	5,529
Health Center #2	474	282	756
Health Center #3	1,042	550	1,592
Health Center #4	1,076	924	2,000
Health Center #5	1,477	361	1,838
Tom Waddell Clinic	298	2,372	2,670
Potrero Hill H.C.	447	701	1,148
Southeast H.C.	154	838	992
Youth Guidance Ctr. (incl. SPY, LSYC, L. Cabin, H. House)	8,147	1,088	9,235
	15,396	10,364	25,760

Disease Control Visits:	
TB Clinic	2,363
City Clinic	2,280

Statistics for SFGH will be reported on September 3.

5) DISCUSSION OF THE YOUNG MEN'S STUDY.

Dr. George Lemp, Chief of Surveillance Branch in the AIDS Office, highlighted the recent survey of high-risk youth, defined to be homeless, runaways, out of school/unemployed, juvenile offenders, medically indigent, in foster care, new immigrants, gay and lesbian, as well as youth with a history of sexually transmitted diseases, users of illicit drugs, and youth who barter or sell sex to survive:

- HIV and other STD's are prevalent among adolescents and young adults and further spread of infection is likely among high-risk segments of this population.

- A recent survey of young men attending gay-identified dance clubs in San Francisco found that 12% were infected with HIV and that 26% and 0.8%, respectively, had markers for hepatitis B and syphillis. The data suggest that recent transmission of HIV has occurred among young gay and bisexual men and that a second wave of the HIV epidemic may occur among this population.

- A seroprevalence survey of young adults attending the STD clinic during 1989 and 1990 has shown that 5.8% of young men and 1.5% of young women under 25 years of age were infected with HIV.

- Recent surveys of adolescents and young adults entering homeless youth shelters or a youth detention center since November, 1990 have found HIV seroprevalence rates of 6.4% and 1%, respectively. HIV seroprevalence was higher among men as compared to women.

- The majority of infections among high-risk youth were among homosexual and bisexual men and injection drug users.

- Fewer cases of gonorrhea were reported in 1989 and 1990 among youth aged 10 to 24. Reported cases of rectal gonorrhea have declined steadily in this age group since 1985.

- Reported cases of chlamydia have increased significantly since 1988 among youth aged 10 to 24. Reported cases of syphillis were increased somewhat in 1990 in this population.

The data included statistics on:

- Overall seroprevalence of disease.
- Seroprevalence of HIV and Hepatitis B by age.
- Seroprevalence of HIV and Hepatitis B by race/ethnicity.
- Prevalence of unprotected anal intercourse by age.
- Prevalence of unprotected anal intercourse by race/ethnicity.
- Year of first sex or IV drug activity for HIV positive survey participants.
- Prevalence of HIV among young adults attending a STD clinic by age group and gender.
- Prevalence of HIV among young adults attending a STD clinic by race/ethnicity and gender.
- Prevalence of HIV among young adults attending a STD clinic by risk groups.
- Prevalence of HIV by age, homosexual/bisexual men attending a STD clinic.
- HIV seroprevalence among adolescents of homeless youth shelters and a juvenile detention center.
- Risk group comparisons.
- Prevalence of HIV by age-group among injection drug users entering methadone treatment programs.
- Number of STD's reported by year for persons age 10-24 years of age.
- Cases of rectal gonorrhea, males 10-24 years of age.

Dr. Sandra Hernandez, Director of the AIDS Office, presented an overview of the AIDS/HIV Funding for Youth, Prevention and Health Services, for FY 1991-92. The grand total is $1,601,905. The subtotal for prevention services is $666,649 from the general fund, the State, and CDC. The subtotal for health services to HIV-infected youth is $935,256 from HRSA (adult and pediatric). In addition, the Board of Supervisors reserved $152,000 from the FY 1991-92 general fund budget to augment prevention and education efforts for high-risk youth. A supplemental for these reserve funds will be coming to the Health Commission next month. Because the Department sees the gay/bisexual youth as a priority population, staff will focus on how our present contractors can serve this population. There are also four federal grants in development or pending award notification.

Commissioner Ludington raised concerns around the ability of the Department to provide services vs. contracting out services to community-based organizations. He does not believe the Department is in the business of the AIDS industry nor in the business of funding jobs and paying for administration for each community-based organization. His concerns relate to evaluation of services, accountability of dollars, and duplication and overlap of services.

Commissioner Rosenstiel commented on the need to look at the large number of separate programs, each one having its overhead costs.

Commissioner Underwood would like to receive information on the total picture of AIDS funding, to look at prioritizing needs for funding, and to see what and where are the gaps in AIDS funding. She also requested risk data and needed services related to the risk data.

Commissioner Chow emphasized the need to evaluate present services by quantifying the impact of services on the target population (i.e., how much of the population is being reached).

Public Speaker: John O'Brien

6) HEARING ON THE SUSPENSION OF THE BONE MARROW TRANSPLANT SERVICE PROGRAM AT CALIFORNIA PACIFIC MEDICAL CENTER
(Health Care Planning Ordinance).

Mary Powell, Senior Vice President of Public Policy and External Affairs of California Pacific Health Center, provided information on the suspension of the Bone Marrow Transplant Service as of July 1, 1991, and copies of the public notice in English, Chinese, and Spanish.

At the September 3, 1991 Health Commission Meeting, the Commission will determine whether the suspension of the Bone Marrow Transplant Service will or will not have a detrimental impact on the health care service of the community.

7) CONSIDERATION OF A RESOLUTION REGARDING CALIFORNIA PACIFIC MEDICAL CENTER TO PROVIDE REGULAR UPDATED INFORMATION.

Mary Powell, Senior Vice President of Public Policy and External Affairs of California Pacific Health Center, assured the Commission of providing information which may be more than quarterly and not written.

Commissioner Underwood welcomed any verbal information in addition to written quarterly reports.

Action Taken: The Commission adopted Resolution #17-91 (Attachment A), with one dissenting vote from Commissioner Gray.

8) CONSIDERATION OF A RESOLUTION CHALLENGING THE 1990 CENSUS COUNT AND URGING AN ACCURATE COUNT AS IT RELATES TO HEALTH SERVICES.

Action Taken: The Commission unanimously adopted Resolution #16-91 (Attachment B).

9) **OTHER BUSINESS/PUBLIC COMMENTS.**

Public Speaker: John O'Brien

10) **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a) "PENDING LITIGATION," CONSIDERATION OF CASE #927223, PETITION TO COMPEL ARBITRATION, LOCAL 790 SEIU AFL-CIO VS. CCSF AT ABOUT $35,000.**

Action Taken: After coming out of the Executive Session at 4:40 p.m., the Commission approved the recommendation of the City Attorney on Case #927223, Petition to Compel Arbitration, Local 790, SEIU, AFL-CIO, vs. CCSF at $35,000.

The meeting was adjourned at 4:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 17-91

RESOLUTION REQUESTING QUARTERLY REPORTS
FROM CALIFORNIA PACIFIC MEDICAL CENTER

WHEREAS, the Health Commission is responsible for implementing the Health Care Planning Ordinance (Proposition Q) approved by the voters in 1988; and

WHEREAS, the merger between Pacific Presbyterian Medical Center (PPMC) and Northern California Health Center (Children's Hospital) into California Pacific Medical Center became official on June 16, 1991; and

WHEREAS, representatives of California Pacific Medical Center assured the Commission of compliance with the Health Care Planning Ordinance; and

WHEREAS, this merger is an unusual circumstance in that the merger is an on-going process and the impact on services may still be evolving; and

WHEREAS, the Health Commission wishes to keep the public informed in a timely and factual manner; therefore,

BE IT RESOLVED, that the Health Commission requests that quarterly written reports be submitted by California Pacific Medical Center to the Commission on the progress of the merger and evolving impacts on services.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT A

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-91

REQUESTING SUPPORT FOR THE MAYOR'S ACTION CHALLENGING THE U.S. COMMERCE SECRETARY'S REFUSAL TO REVISE THE 1990 U.S. CENSUS POPULATION FIGURES, DESPITE EVIDENCE THAT MORE THAN 5 MILLION PEOPLE NATIONWIDE WERE OVERLOOKED IN THE ORIGINAL COUNT

WHEREAS, the United States Census Bureau in the 1990 census determined that the population of the United States was 248.7 million people, and that the population of the State of California was 29.8 million people, and that the population of the City and County of San Francisco was 723,959; and

WHEREAS, the Census Bureau also conducted a subsequent survey to determine the accuracy of the census counts; and the findings of the survey concluded that the original census undercounted by 5.3 million people nationwide, 1.1 million statewide, and 33,000 in the City and County of San Francisco; and

WHEREAS, the survey indicated that the undercounts were disproportionately distributed, with inner city residents and minorities more likely to be undercounted; and

WHEREAS, the City and County of San Francisco is the most culturally and ethnically diverse urban community in the nation; and

WHEREAS, in 1989 over 45 federal programs distributed more than $17 billion in health human services assistance based on the census counts; and

WHEREAS, in order to accurately estimate rates of morbidity and mortality, changes in morbidity and mortality, and health needs and trends, it is necessary to have accurate census data; and

WHEREAS, allocation of other sources of funding, including governmental, private foundations, and programs targeted to special populations are often based on census counts; now, be it

RESOLVED, that the San Francisco Health Commission supports the Mayor's actions to pursue a legal challenge of the U.S. Commerce Secretary's decision, in conjunction with other cities, based on the severe and disproportionate impact such a decision has on the residents of San Francisco, including the reduced opportunities for obtaining proportionate representation and resources for their health and well-being.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, August 6, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT B

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

First Class

Government Documents Department
S.F. PUBLIC LIBRARY, CIVIC CENTER
McAllister & Larkin Streets
San Francisco, CA 94102

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION

Tuesday, September 3, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 6, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Consideration of approval to compensate certain specified employees with standby pay pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance.

(3.2) SFGH - MIS - Renewal contract with Shared Medical Systems Corp.(SMS) in the amount of $87,600, to acquire software to modify INVISION and expert consulting services to assist in implementing the modified software for the period of September 16, 1991 through June 30, 1992.

(3.3) CO - AIDS - Renewal contract with Alameda County Health Care Services in the amount of $250,392 to provide perinatal, advocacy and AIDS/HIV services to persons who reside in Alameda County for the period of October 1, 1990 through September 30, 1991.

(3.4) CO - AIDS - Renewal contract with Contra Costa County, Department of Health Services in the amount of $76,651, to provide case management services to persons with AIDS who reside in Contra Costa County for the period of October 1, 1990 through September 30, 1991.

(3.5) CO - AIDS - Renewal contract with San Mateo County, Department of Health Services in the amount of $80,055, to provide case management and mental health/substance abuse services to persons with AIDS who reside in San Mateo County for the period of October 1, 1990 through September 30, 1991.

(3.6) CO - AIDS - A sole source and a new contract with St. Mary's Hospital the amount of $250,000, to provide primary outpatient medical care services to people with HIV disease who have not other source of health care for the period of September 1, 1991 through June 30, 1992.

(3.7) CO - AIDS - New contract with Glide Foundation in the amount of $61,800, to provide psychosocial support counseling services with emphasis on HIV+ African American men in the Tenderloin for the period of September 1, 1991 through June 30, 1992.

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(3.11) CO - AIDS - New contract with UCSF who is acting as fiscal agent in a collaborative effort with AIDS Health Project, National Task Force on AIDS Prevention and California Prostitute Education Project in the amount of $185,734, to provide centralized intake and assessment, outreach and case management services to clients of the early intervention resource center for the period of September 1, 1991 through June 30, 1992.

(3.12) CO - AIDS - New contract with Community United in Response to AIDS (CURAS) in the amount of $93,832, to provide psychosocial support and counseling, health education and clinical trials advocacy and linkage to early intervention medical care to clients of the early intervention resource center for the period of September 1, 1991 through June 30, 1992.

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(3.14) CO - AIDS - Request to accept and expend an augmentation to a grant from the Centers for Disease Control in the amount $67,608, to provide funds to continue the AIDS Surveillance Project Young Men's Study for the period of September 1, 1991 through December 31, 1991.

(3.15) CPHS - Family Health - Request to accept and expend a grant augmentation in the amount of $61,795 from the California Department of Health Services, Office of Family Planning, to provide supplemental funding for family planning and pregnancy testing services for the period of July 1, 1991 through June 30, 1992.

(3.16) CPHS - Family Health - Second modification to the contract with Pharmedix, Inc. in the amount of $29,000, to provide pharmacy services for the period of January 1, 1991 through December 31, 1991.

(3.17) CPHS - Family Health - First modification to the contract with DSA Medical, Inc. in the amount of $18,500, to provide cytology and chlamydia services for the period of September 1, 1991 through December 31, 1991.

(3.18) CPHS - Health Promotion - AB 75 Tobacco Control Project - New contract with YMCA of San Francisco - Buchanan YMCA in the amount of $80,000, to provide smoking prevention and cessation services targeting out of school youth and women with pre-school children in the Western Addition and Japantown neighborhoods for the period of September 15, 1991 through September 14, 1992.

(3.19) CPHS/CSAS - Request to accept and expend a continuation grant from the Department of Health and Human Services, Bureau of Health Care Delivery Assistance in the amount of $698,662, to provide primary medical care linked to substance abuse services for the period of October 1, 1991 through September 30, 1992.

(3.20) DMSF - CSAS - Request to accept and expend a continuation grant augmentation in the amount of $2,231,619 from the state Department of Alcohol and Drug Programs, to provide substance abuse addiction treatment linkage services to the homeless for the period of November 1, 1991 through June 30, 1994.

(3.21) DMSF - CSAS - First modification to the contract with Women's Alcoholism Center reducing the contract amount from $1,108, 946 to $846,008, to provide grant funded outpatient treatment enhancement services for the period of October 1, 1991 through June 30, 1991.

(3.22) DMSF - CSAS - Site approval for relocation of the Bay Area Addiction Research and Treatment, Inc., Townsend Street, San Francisco, CA 94107 to 1111 Market Street, San Francisco, CA 94103; the program provides outpatient methadone maintenance treatment and substance abuse treatment services to residents of San Francisco.

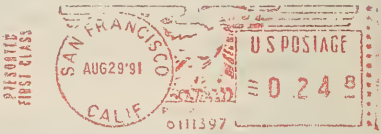
4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **PURSUANT TO THE HEATH CARE PLANNING ORDINANCE (PROPOSITION Q), CONSIDERATION TO DETERMINE WHETHER THE SUSPENSION OF THE BONE MARROW TRANSPLANT SERVICE PROGRAM AT CALIFORNIA PACIFIC MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY.**

6) **RESOLUTION ON IMPACT OF CDC GUIDELINES FOR AIDS DEFINITION**

7) **OTHER BUSINESS/PUBLIC COMMENTS.**

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102



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Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, September 3, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 6, 1991

Action Taken: The Commission adopted the minutes of August 6, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Paul Rosenstiel)

(3.1) Consideration of approval to compensate certain specified employees with standby pay pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance.

(3.2) SFGH - MIS - Renewal contract with Shared Medical Systems Corp.(SMS) in the amount of $87,600, to acquire software to modify INVISION and expert consulting services to assist in implementing the modified software for the period of September 16, 1991 through June 30, 1992.

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Referring to this contract and #3.3 and #3.4, Commissioner Chow commented on the differing unit costs for similar services and that standard unit costs should be considered.

(3.6) CO - AIDS - A sole source and a new contract with St. Mary's Hospital the amount of $250,000, to provide primary outpatient medical care services to people with HIV disease who have not other source of health care for the period of September 1, 1991 through June 30, 1992.

Commissioner Chow is requesting Dr. Baxter to look into the feasibility of contractors (who are out of compliance on their Board composition) indicating to the Commission their efforts made over a 3-year period to comply with the Commission's policy on Board composition.

(3.7) CO - AIDS - New contract with Glide Foundation in the amount of $61,800, to provide psychosocial support counseling services with emphasis on HIV+ African American men in the Tenderloin for the period of September 1, 1991 through June 30, 1992.

(3.8) CO - AIDS - New contract with Planned Parenthood in the amount of $51,064, to provide early intervention linkage services to HIV positive women and women-specific HIV medical education to professional providers for the period of September 1, 1991 through June 30, 1992.

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Dr. Sandra Hernandez reported the site for the Early Intervention Center will be 18th and Folsom Streets. A Community Advisory Board will be formed; and a fund development staff position will be included in the staffing.

(3.13) CO - AIDS - Request to accept and expend a continuation grant in the amount of $32,363 from the Regents of the University of California, Office of Research Affairs, to provide funding for the second year of the Stress and Coping Among AIDS Caregivers Project for the period of August 1, 1991 through July 31, 1992.

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This new contractor is out of compliance on its parent Board composition.

(3.19) CPHS/CSAS - Request to accept and expend a continuation grant from the Department of Health and Human Services, Bureau of Health Care Delivery Assistance in the amount of $698,662, to provide primary medical care linked to substance abuse services for the period of October 1, 1991 through September 30, 1992.

Commissioners requested information on how the program is progressing.

(3.20) DMSF - CSAS - Request to accept and expend a continuation grant augmentation in the amount of $2,231,619 from the state Department of Alcohol and Drug Programs, to provide substance abuse addiction treatment linkage services to the homeless for the period of November 1, 1991 through June 30, 1994

Commissioner Chow requested an evaluation (which is in progress) of the program.

(3.21) DMSF - CSAS - First modification to the contract with Women's Alcoholism Center reducing the contract amount from $1,108, 946 to $846,008, to provide grant funded outpatient treatment enhancement services for the period of October 1, 1991 through June 30, 1991.

Commissioner Chow requested information from WAC on its progress in addressing the non-compliance of its Board composition.

(3.22) DMSF - CSAS - Site approval for relocation of the Bay Area Addiction Research and Treatment, Inc., Townsend Street, San Francisco, CA 94107 to 1111 Market Street, San Francisco, CA 94103; the program provides outpatient methadone maintenance treatment and substance abuse treatment services to residents of San Francisco.

Commissioner Chow raised the question of having this program in the same area where there is a "drug supermarket." In written materials submitted to the Commission, the position of the Southern Station is that it cannot support or oppose the proposed relocation.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH

(Raymond J. Baxter, Ph.D.)

DPH BUDGET FY 91-92

- Update on Realignment: I have forwarded under separate cover, a detailed analysis of realignment.

In the remaining two weeks of the legislative session, a bill will be developed to address technical problems with realignment legislation, AB 1288 and AB 948, signed into law by the Governor in July. The vehicle for clean-up legislation will be AB 1491, authored by Assemblymember Bruce Bronzan.

There has been general agreement among legislative staff and advocacy organizations to confine clean-up efforts to technical problems with the earlier legislation. A key problem is the lack of clarity about the flow of funds from the State to counties and potential for cash flow problems for counties.

Since the new revenue sources replacing past State General Fund support for realigned programs are taxes and fees (sales tax and vehicle license fees), revenues will be collected by the State throughout the year, and are responsive to the economy. For example, 60% of sales tax are collected in November-December. However, the realignment legislation currently requires counties to place monthly matching funds into their local Health and Welfare Trust Fund, to gain access to sales tax. A serious cash flow problem may be posed for counties. Efforts are being made to prorate county matching requirements, to adjust for available funds.

The concern has been raised that revenues may be lower than anticipated. The State Controller has indicated that collected revenues would be transferred to the counties beginning in mid-September based on revenues collected to date, and not on the realignment allocation schedule, which

begins in July. Also, as feared, projections for sales tax and VLF revenues are lower than anticipated. So far, $1.9 million in sales tax revenue and $26 million in VLF have been collected.

Access to growth funds and equity adjustments will not be addressed until the next session, beginning in January. San Francisco Department of Health continues to work actively with statewide organizations and our lobbyist to articulate our concerns and monitor the development of clean-up legislation.

- Update on SB 855 Funds: The Health Care Financing Administration is about to issue regulations that will restrict states' ability to use provider taxes and voluntary donations to generate Medicaid funds. These regulations may also affect the SB 855 program. While the Department is continuing to plan and prioritize uses for SB 855 funds, the timing for receipt of this funding is not at all certain.

  List of priorities from the various DPH Divisions are being combined into a Department-wide request. So far, the Divisions have identified over $40 million of potential uses for the funds that fit the overall criteria - capital and equipment investments, program investments, and productivity investments. The Department will focus on one-time uses for the funds, with an emphasis on expenditures that encourage department-wide service integration. Staff is also calculating the costs of the programs identified in the Board of Supervisors' SB 855 resolution.

  The Department is working closely with the Ad Hoc Budget Committee. I will continue to keep the Commission informed on the Department's progress in developing a proposal for review and approval by the Health Commission.

AIDS OFFICE

- Chateau Agape Residential Board and Care: The Division of Mental Health, Substance Abuse, and Forensics and AIDS Office staff have been working on the development of a pilot project at Chateau Agape to provide both mental health and HIV residential care services. The project will be funded by both Ryan White CARE funds and mental health funds derived from the buyout of State Napa beds. The pilot project will be closely evaluated.

  The program will change Chateau Agape to a non-profit program administered under contract by DMSF (in collaboration with the AIDS Office) to an operator yet to be identified. The contract will be bid this fall with the anticipation that eligible HIV-infected clients will be gradually transitioned into the program beginning early in 1992. This project represents an important collaboration between the AIDS Office and DMSF, which will prevent the ongoing loss of residential board and care beds for the mentally ill and the expansion of residential beds for HIV-infected individuals with mental disorders.

- State Budget Cuts: The AIDS Office has been informally notified by the State Office of AIDS that there will be a 4-5% reduction in all program funds for FY 1991-92 with the exceptions of the Alternate Test Site (ATS) Program, the AIDS Drug Program, and the MediCal Waiver Program

  Programs impacted include. prevention, Residential AIDS Shelter (RAS), the Pilot Care program, the Early Intervention Program (EIP), and the Local Assistance Block Grant. The Commission should be aware that these

cuts are effective retroactively to July 1st, 1991, despite the fact that written verification of the decrease has not been received. The AIDS Office will be evaluating the full impact of these cutbacks in terms of both prevention and service delivery, as well as the Local Assistance Block Grant.

SAN FRANCISCO GENERAL HOSPITAL

- Waiting Times/Emergency Department: Long waits in public hospital emergency departments were the topic of several news articles recently. The National Association of Public Hospitals article, published in the Annals of Emergency Medicine, highlighted the national problems of overcrowded emergency departments, and two articles in the Journal of American Medical Association documented emergency room overflow and patients who leave without being seen in two California county hospitals, San Francisco General Hospital and Harbor-UCLA Medical Center.

  The San Francisco General Hospital article featured in the JAMA article was based on an emergency room survey conducted in the Spring of 1990. The survey indicated that patients were more likely to leave as waiting times increased and the data indicated patients who left without being seen were twice as likely as those who were seen to report their pain or seriousness of their problem increased. Only 4% of patients who left required subsequent hospitalization, but 27% returned to an emergency room.

  The study did not find medical catastrophies associated with long waits for public emergency department care. The study did reflect a high quality of nursing triage that successfully identified patients who needed immediate care.

  According to the National Association of Public Hospitals and the California Association of Public Hospitals, these studies warn of serious problems in our health system and demonstrate the need for increased access to primary health care and preventive services in the community to alleviate the use of hospital emergency rooms.

  Over the past several years, the SFGH has had a decrease in the number of ER annual visits from 80,000 to 75,000. Since the inception of the Primary Care Network, annual visits at the Health Centers have increased substantially: total Health Center patient encounters in 88/89 were 115,320, total Primary Care encounters in 89/90 were 175,015, and total Primary Care encounters in 90/91 were 203,443.

  The hospital will continue to monitor waiting times for ER visits and clinic appointments as part of its ongoing quality assurance program. Dr. John Luce, one of the authors of the study is Director of Quality Assurance at SFGH. The SFGH Emergency data was reviewed in Joint Conference Committee several months ago as a quality assurance issue. It should be noted that the national issue focused on lack of inpatient beds, which is not the problem in San Francisco.

- Psychiatric Emergency Services: During the month of August, there were several days when PES operated under overcrowded conditions driven by an unusual demand for psychiatric services at all levels of care. During this period, both private and public hospitals reported locked psychiatric beds and residential programs were operating at 100% occupancy. This appears to be cyclical; there was a similar occurrence last year. In the

last week of August, the workload stabilized. This experience has once again confirmed the critical n eed for a medical detox capacity in the City.

The staff at PES has performed in an exemplary fashion in the face of these clinical pressures. Their professionalism, hard work and commitment have assured the availability of emergency services for those patients most in need. All staff - clinical, clerical, transportation and administrative - have contributed to this effort and I want to acknowledge their efforts.

Florence Stroud, Bob Okin and staffs will continue to monitor psychiatric emergency needs and have met with residential service providers to access additional, available beds.

LAGUNA HONDA HOSPITAL

- Licensing & Certification Annual Survey: The hospital's written plans of correction to the annual survey have been submitted to the District Office of the Department of Health Services's Licensing & Certification Division. The Commission will be informed of the outcome of their response.

- Heroic Efforts by Nursing Staff: The nursing staff of LHH successfully intervened in preventing an apparent suicide attempt by a resident in the early morning of Friday, August 9. A resident broke a window in the L7 solarium and was observed climbing out the window by charge nurse, Steve Dowdell. Nurse Dowdell and Nurse Assistant Ann Jackson succeeded in holding the arms and wrists of the 71 year old patient, under extremely difficult positions, until the Fire Department arrived. After examination by the LHH medical staff that determined the patient had incurred only very minor scrapes, he was transferred on a 5150 to SFGH for observation.

  Plans are underway for both the Hospital and the Commission to commend the quick response and heroic action by Steve Dowdell and Ann Jackson that prevented the patient from falling from the 7th floor.

  It should be noted that there are iron grates on many of the windows on higher floors. It is a fire code requirement that these iron grates can be opened manually in the event the Fire Department needs to perform a rescue from the outside of the building.

COMMUNITY PUBLIC HEALTH SERVICE

- Resignation of Dr. Sam Ho: Dr. Sam Ho, Medical Director and Acting Deputy Director for CPHS, and Health Officer has resigned from the Health Department to become the Medical Director of the non-profit HMO, Health Net. Dr. Ho joined the Department in the Fall of 1988 and has been the dominate force in transitioning the Health Centers into a Primary Care Network. Under his leadership, the Network increased client billings resulting in increased revenues, developed linkages with SFGH for ancillary services, and improved the medical records and appointment systems. He established provider productivity standards which increased 38% over a two year period while care costs decreased by 10% over the same period. While the entire CPHS Division should share in these accomplishments, Dr. Ho's dynamic leadership clearly advanced the Department's efforts toward full realization of community oriented primary care and resulted in exceeding all major goals and objectives for the past three years

" ' ' '

Dr. Ho will continue his primary care efforts and his emphasis on wellness at Health Net, the second largest HMO in California, by continuing to confront the three major health care issues: quality, access and costs. I know the Health Commission joins me in wishing him well and commending Dr. Ho for the exemplary work he has performed for the citizens of San Francisco. We fully expect to work with him in the future as we continue to address the public's health care needs.

President Sanchez would like to invite Dr. Sam Ho to the September 17th Commission meeting to receive a presentation from the Commission.

In consultation with the Commission, I have asked Frances Taylor, M.D. to perform the duties of Health Officer on an interim basis. This information will be transmitted to the State. Decisions regarding the assignment of responsibilities for Acting Deputy Director and Acting Medical Director of CPHS will be announced shortly.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Integrating Mental Health Services: Dr. Reiko True has returned to the Department after an extended leave and is focussing on detailed planning for a community based medical detoxification unit and will be working on options to identify a number of alternatives for integrating health and mental health throughout our community services.

CONTRACTS OFFICE

- Workshop/Training: On August 23, a workshop for staff and DPH contractors was held for the purpose of 1) establishing a common understanding of the contract process and 2) determining ways to improve the process. This was an all day session consisting of two parts. First, presenting the current situation, with feedback from Anne Godfrey, Director of the Civil Service Management Training Unit, on her interviews with DPH managers, staff and contractors; followed by a panel presentation on new developments and legal requirements with presentations from Ed Lee, Director of the Human Rights Commission and Paula Jesson, Deputy City Attorney and a review of time lines and payment process by Geri Brown.

  The second half of the day was spent in group problem solving exercises which resulted in many excellent recommendations. The workshop was well attended with a wide-range of representation of Executive Staff, DPH Managers, Program and Contracts Staff, and Contractors. All left with a feeling of optimism for change.

  A number of activities already underway such as standardization of budget forms and automation received strong support from all sectors. Other recommendations for improving the contracting process will require ongoing coordinated efforts of DPH staff and providers. I am putting together a contract steering committee composed of DPH and contractor staff to collaborate on the agenda for change and its implementation.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Injury and Illness Prevention Program: At the request of the Mayor's Office, the San Francisco Small Business Advisory Commission, the Occupational Safety and Health Program will conduct a free seminar on September 6 to instruct business people about the provisions of SB 198 and to provide assistance to employers in establishing their own Injury and Illness Prevention Program.

BUREAU OF ENVIRONMENTAL HEALTH

- Food Service Sanitation Certification Program: The Bureau has provided instruction to the food service industry through the Golden Gate Restaurant Association. A total of 28 food service managers completed the voluntary Applied Food Service Sanitation Certification Program in June and July. The purpose of the program is to provide training and knowledge thereby increasing the general sanitation and food practices of food service employees. The Bureau looks forward to mandatory certification in the future with the cooperation of the food service industry.

JULY STATISTICS

- San Francisco General Hospital

Inpatient		
Average Daily Census	(except newborns):	320
Newborn Nursery:		26
Actual Patient Days	(except newborns):	9,944
Newborn Nursery:		803
Admissions	(except newborns):	1,645
Newborn Nursery:		183
Average Length of Stay	(except newborns):	6
Newborn Nursery:		4
Discharge Patient Days	(except newborns):	9,703
Newborn Nursery:		691
Discharges	(except newborns):	1,616
Newborn Nursery:		181
Outpatient Visits		
Primary Health		
Family Health:		2,839
General Medicine:		1,949
Pediatric:		3,174
OB/GYN:		2.587
Specialty Clinics:		11,381

AUGUST STATISTICS

- Laguna Honda Hospital

Average Daily Census:	1,076
Acute Med/Surg:	5
Acute Rehab:	2
Clarendon Hall:	166
AIDS SNF:	10

- Mental Health

SFGH/Acute Psychiatric Beds:	75
(22 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	0

In light of recent misinformation in the press on health issues, President Sanchez requested the Department to respond appropriately so that factual information is available to the press.

5) PURSUANT TO THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q), CONSIDERATION TO DETERMINE WHETHER THE SUSPENSION OF THE BONE MARROW TRANSPLANT SERVICE PROGRAM AT CALIFORNIA PACIFIC MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY.

Commissioner Chow requested additional wording of "there continues to be available bone marrow transplant services in this community, including the University of California, San Francisco."

Action Taken: The Commission adopted the amended Resolution #20-91 (Attachment A).

6) RESOLUTION ON IMPACT OF CDC GUIDELINES FOR AIDS DEFINITION

Action Taken: The Commission unanimously adopted Resolution #18-91 (Attachment B) on the CDC's Proposed Change in the Definition of AIDS.

7) OTHER BUSINESS/PUBLIC COMMENTS.

Public Speaker: Captain Michael J. Yalon
Re: Item #3.22 Site Approval for BAART Relocation.

Since Captain Yalon provided information (that the Police Department supports the BAART program but does not recommend this site for its relocation) different from written information provided to the Commission, the Commission by consensus requested Dr. Baxter to investigate this situation and find out the factual information. Dr. Baxter will also communicate with Police Chief Willis A. Casey on the Police Department's position.

The meeting was adjourned at 4:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 20-91

RESOLUTION ON SUSPENSION OF THE BONE MARROW
TRANSPLANT SERVICE PROGRAM

WHEREAS, the Health Care Planning Ordinance stipulates that prior to a hospital inpatient or outpatient facility reducing or eliminating any of its services, public notice will be given to the San Francisco Health Commission; and

WHEREAS, on July 16, 1991 the California Pacific Medical Center formally informed the Health Commission that effective July 1, 1991 the Bone Marrow Transplant Service Program was suspended as necessitated by the resignation of the program's Acting Medical Director; and

WHEREAS, the Health Commission held a public hearing on this matter on August 6, 1991; and

WHEREAS, this program may be reinstated in the development of the major Cancer Center being contemplated by California Pacific Medical Center; and

WHEREAS, follow-up care of all post transplant patients has been transferred to qualified physicians in the area; now, therefore,

WHEREAS, there continues to be available bone narrow transplant services in this community, including the University of California at San Francisco; now therefore,

BE IT RESOLVED, that the Health Commission determines that the suspension of the Bone Marrow Transplant Service Program at California Pacific Medical Center will not have a detrimental impact on the health care service of the community.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, September 3, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT A

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-91

RESOLUTION ON THE CENTERS FOR DISEASE CONTROL'S
PROPOSED CHANGE IN THE DEFINITION OF AIDS

WHEREAS, the Centers for Disease Control (CDC) has preliminarily announced that effective January 1, 1992 the AIDS Case Definition will be expanded to include all HIV-infected antibody positive adults and adolescents with CD4 counts less than or equal to 200; and

WHEREAS, this expansion of the case definition characterizes the Acquired Immune Deficiency Syndrome diagnostically as a chronic disease manifested by significant loss of CD4 cells and immune suppression, and relies less on the development of specific secondary clinical manifestations of severe immune deficiency; and

WHEREAS, this change, though it DOES NOT constitute a change in the severity of the HIV epidemic or the condition of individuals infected with HIV in San Francisco, DOES significantly impact how the epidemic is quantified, monitored, and reported; and

WHEREAS, the SFDPH AIDS Office had previously estimated that 3,600 people would be living with an AIDS diagnosis by January 1, 1992 under the expanded definition an additional 3,900-4,900 persons will be living with AIDS under the new category of CD4 cells less than or equal to 200 as of January 1, 1992; and

WHEREAS, for the purpose of health care planning, we now expect a living (Person With AIDS) PWA caseload of approximately 7,500-8,500 individuals in 1992, a more than doubling of AIDS cases in San Francisco; and

WHEREAS, the Surveillance Branch of the AIDS Office currently reports approximately 2,000 new AIDS cases per year, an additional 4,000 cases will need to be collected, investigated, and followed for survival analysis in 1992; and

WHEREAS, it is estimated that up to 50% of HIV-infected individuals with CD4 cells less than or equal to 200, who will be diagnosed with AIDS beginning January 1, 1992 are asymptomatic and may not require services which are designed for disabled individuals; and

WHEREAS, the San Francisco Model of Care currently has a large caseload and in some cases significant waiting times for related health services, eligibility for services being based on disability or functional need for supportive services regardless of disease "category"; and

WHEREAS, the expanded case definition will require the SFDPH AIDS Office to work and plan before Januuary 1992 with service provider contract agencies to review current eligibility criteria to assure that priority be given to those individuals who are disabled and most in need of services; and

WHEREAS, eligibility evaluations will need to be enhanced and standardized by service area to assure appropriate service utilization and avoid any unnecessary stress on already taxed community-based organizations delivering HIV support services; and

WHEREAS, an AIDS diagnosis currently is one of the medical conditions the federal government uses to determine eligibility for MediCal benefits and other federal subsidy programs, the cost of unsponsored medical care for both outpatient and inpatient services should decrease as eligible PWA's will be able to apply earlier for MediCal, Medicare, and other related programs; and

WHEREAS, reimbursement revenue from these federal programs, while not at all adequate to cover actual costs of care, will displace some of the burden of financing this epidemic from local jurisdictions to the federal government; and

WHEREAS, preliminary federal projections suggest that instead of the current 16 eligible Ryan White CARE Title I cities, under the new definition there would be as many as 29 cities eligible for this funding in February of 1993; and

WHEREAS, the revised definition will be more inclusive of women in AIDS case reporting, it does not preclude the need for more clinical and natural history research and data about HIV and the manifestations of immune suppression which are unique to this population of seropositives; therefore, be it

RESOLVED, that the Health Commission strongly urges that the Centers for Disease Control Cooperative Agreement grant be augmented in FY 1992 adequately to support the increased surveillance activity which will be required to comply with the new definition and to develop and fund expanded epidemiologic surveys of HIV infection in women; and be it

FURTHER RESOLVED, that the He lth Commission strongly urges the Social Security Administration and the federal MediCaid and MediCare programs to remain consistent with the CDC expanded AIDS diagnosis as qualification for presumptive eligibility for these entitlement programs; and be it

FURTHER RESOLVED, that the Health Commission and the Department will continue to work with both the public and private sectors to plan for the January 1, 1992 change in the definition of HIV disease; and be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and Board of Supervisors to influence actively the Congressional federal appropriation committees to provide a significant increase of funding for the Ryan White CARE programs so that newly eligible Title I cities will not jeopardize the service programs funded under CARE in San Francisco; and be it

FURTHER RESOLVED, that the Health Commission urges both public and private clinicians to continue to work cooperatively with the Health Department in the prompt and complete reporting of AIDS cases under the expanded definition; and be it

FURTHER RESOLVED, that the Health Commission urges that anyone at risk for HIV infection undergo either anonymous or confidential testing and that HIV-infected individuals in San Francisco obtain early clinical evaluation and monitoring, including CD4 counts and treatment in order that optimal health care status can be maintained.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, September 3, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

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Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Morl
Secretary

TEL: (415) 554-2666

AGENDA

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HEALTH COMMISSION

Tuesday, September 17, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 3, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) Year-end Report of the Department of Public Health budget for FY 1990-91.

(3.2) DMSF - CSAS - Request to accept and expend a subvention in the amount of $54,153 from the State Department of Alcohol and Drug Programs, for the period of July 1, 1991 through June 30, 1992, to continue the development of a five-year drug and alcohol abuse plan for substance abuse treatment services and a sole source request with Friendship House Association of American Indians, Inc.

(3.3) DMSF - CSAS - Request to accept and expend the continuation of a grant in the amount of $2,701,134 from the USDHHS/ADAHMA/ Office of Treatment Improvement through the California Department of Alcohol and Drug Programs, for the period of September 1, 1991 through August 31, 1993, to provide substance abuse treatment services to persons in critical need ("critical populations") and a sole source request with Asian American Recovery Services, Walden House, Women's Alcoholism Center and Women's Institute for Mental Health/Iris Project.

(3.4) CPHS - Refugee Services - Renewal contract with International Institute in the amount of $532,000/per year, to provide health worker/interpreter staff for the period of October 1, 1991 through September 30, 1995.

(3.5) CO Administration - Fiscal -Modification of contract with Medicus Systems Corp. to increase contract amount by $10,000 and extend contract term by one year to provide additional SLIAG (State Legalization Impact Assistance Grants) cost reporting consultation services for the period of September 18, 1991 through October 3, 1992.

(3.6) SFGH - Finance - Renewal contract with Starcare International, Inc. in the amount of $140,000/year to provide cost reimbursement and revenue optimization consulting services for the period of September 23, 1991 through September 22, 1995.

(3.7) SFGH - Medical Records - Two contract modifications to increase contract amount and extend contract term by three years to provide additional back-up medical transcription services for the Medical Records Department at San Francisco General Hospital for the period of September 18, 1991 through February 28, 1995.

1. Bay Area Medical Transcription in the added amount of $30,000/year
2. California Medical Transcription in the added amount of $20,000/year.

(3.8) CO - AIDS - Renewal contract with AIDS Benefits Counselors in the amount of $95,453, to provide assistance to persons with AIDS or disabling ARC to obtain and utilize public and private benefits for the period of July 1, 1991 through June 30, 1992.

(3.9) CO - AIDS - Renewal contract with Asian American Health Forum in the amount of $155,000, to provide AIDS education and prevention services to Asian/Pacific Islander gay and bisexual men for the period of July 1, 1991 through June 30, 1992.

(3.10) CO - AIDS - RESOLUTION ENDORSING THE MAYOR'S HUMAN IMMUNODEFICIENCY VIRUS (HIV) HEALTH SERVICES PLANNING COUNCIL DETERMINATION OF THE ALLOCATION OF RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY (CARE) ACT OF 1990 FUNDS/TITLE II and WHEREAS, the Planning Council has determined that the CARE Title II funds be disbursed in the following manner; and approving contracts with:

- AIDS Indigent Direct Services for Case Management/African Americans services in the amount of $65,000;
- Community United in Response to AIDS/SIDA for Case Management/Latinos in the amount of $65,000;
- San Francisco AIDS Foundation for Case Management/Women in the amount of $50,000;
- American Indian AIDS Institute for Case Management/Native Americans in the amount of $30,000;
- Gay Asian Pacific Alliance Community HIV Project for Case Management/Asian-Pacific Islanders in the amount of $20,000;
- Visiting Nurses and Hospice of California Pacific Medical Center for Home Care Services in the amount of $98,089;
- The Support Center for Technical Assistance in the amount of $68,290; and

- Continuation of services formerly funded by AIDS/ARC Service Demonstration Project in the amount of $286,531 with non-contractual services amounting to $129,396 for SFGH minority outpatient care and AIDS Office support and contractual services amounting to $157,135 as follows:

  - AIDS Health Project for Mental Health Services in the amount of $26,222;

  - Visiting Nurses and Hospice of California Pacific Medical Center for Home Care Services in the amount of $44,478;

  - Continuum HIV Day Services for Adult Day Health Care in the amount of $38,500;

  - Project Open Hand for consolidated food services in the amount of $12,468;

  - Westside Community Mental Health for minority attendant care in the amount of $23,000; and

  - Coming Home Hospice for money management services in the amount of $12,467.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

5) PRESENTATION OF HEALTH CARE PROGRAMS FOR THE HOMELESS

6) CONSIDERATION OF A RESOLUTION TO REPEAL THE SITE APPROVAL ORDINANCE FOR MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS

7) OTHER BUSINESS/PUBLIC COMMENTS

8) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9 "PENDING LITIGATION," CONSIDERATION OF CLAIM OF HELEN HENDRICKS V. POTRERO HILL HEALTH CENTER ET AL SUPERIOR COURT NO. 905-894 IN THE AMOUNT OF $17,441.76

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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Margel F. Kaufman
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Pierre R. Ludington
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Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

20
2
17/91

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, September 17, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:10 p.m.

Present: Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

Absent: Commissioner Edward A. Chow, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 3, 1991

Action Taken: The Commission adopted the minutes of September 3, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

*(Commissioner Paul Rosenstiel)

(3.1) Year-end Report of the Department of Public Health budget for FY 1990-91.

Commissioner Rosenstiel commended the San Francisco General Hospital Finance staff for their good work in collecting revenues and in implementing systems to accomplish this.

(3.2) DMSF - CSAS - Request to accept and expend a subvention in the amount of $54,153 from the State Department of Alcohol and Drug Programs, for the period of July 1, 1991 through June 30, 1992, to continue the development of a five-year drug and alcohol abuse plan for substance abuse treatment services and a sole source request with Friendship House Association of American Indians, Inc.

(3.3) DMSF - CSAS - Request to accept and expend the continuation of a grant in the amount of $2,701,134 from the USDHHS/ADAHMA/ Office of Treatment Improvement through the California Department of Alcohol and Drug Programs, for the period of September 1, 1991 through August 31, 1993, to provide substance abuse treatment services to persons in critical need ("critical populations") and a sole source request with Asian American Recovery Services, Walden House, Women's Alcoholism Center and Women's Institute for Mental Health/Iris Project.

Commissioner Kaufman raised the Department's ability to evaluate these programs and to measure the success rates. Dr. Wayne Clark stated that there is no longitudinal follow-up evaluation.

(3.4) CPHS - Refugee Services - Renewal contract with International Institute in the amount of $532,000/per year, to provide health worker/interpreter staff for the period of October 1, 1991 through September 30, 1995.

Commissioner Ludington pointed out that the process used for this contract points out that in spite of the extreme amount of work done, the result is that the same contractor was selected.

(3.5) CO Administration - Fiscal -Modification of contract with Medicus Systems Corp. to increase contract amount by $10,000 and extend contract term by one year to provide additional SLIAG (State Legalization Impact Assistance Grants) cost reporting consultation services for the period of September 18, 1991 through October 3, 1992.

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1. Bay Area Medical Transcription in the added amount of $30,000/year
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The rates are renegotiated each year.

(3.8) CO - AIDS - Renewal contract with AIDS Benefits Counselors in the amount of $95,453, to provide assistance to persons with AIDS or disabling ARC to obtain and utilize public and private benefits for the period of July 1, 1991 through June 30, 1992.

(3.9) CO - AIDS - Renewal contract with Asian American Health Forum in the amount of $155,000, to provide AIDS education and prevention services to Asian/Pacific Islander gay and bisexual men for the period of July 1, 1991 through June 30, 1992.

Commissioner Rosenstiel, on advice of our Deputy City Attorney, excused himself from the remainder of the Budget Committee meeting and left the Commission room because his wife is an employee of the Support Center, one the proposed contractors in Item #3.10.

(3.10) CO - AIDS - RESOLUTION ENDORSING THE MAYOR'S HUMAN IMMUNODEFICIENCY VIRUS (HIV) HEALTH SERVICES PLANNING COUNCIL DETERMINATION OF THE ALLOCATION OF RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY (CARE) ACT OF 1990 FUNDS/TITLE II and WHEREAS, the Planning Council has determined that the CARE Title II funds be disbursed in the following manner; and approving contracts with:

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    - Project Open Hand for consolidated food services in the amount of $12,468;

    - Westside Community Mental Health for minority attendant care in the amount of $23,000; and

    - Coming Home Hospice for money management services in the amount of $12,467.

Commissioner Ludington thanked the staff of the AIDS Office and the Office of Contracts Management of the Department of Public Health for their hard work in fast-tracking the CARE funds.

Action Taken: Commissioners Gray, Kaufman, Ludington, Sanchez and Underwood approved the Consent Calendar of the Budget Committee.

*At the full Commission meeting, Commissioner Rosenstiel requested Commissioner Ludington to report on the Budget Committee meeting and, on the advice of our Deputy City Attorney, Commissioner Rosenstiel excused himself and left the Commission room because his wife is an employee of the Support Center, one of the proposed contractors in Item #3.10.

In behalf of the Commission President Sanchez presented Dr. Sam Ho, outgoing CPHS Medical Director, with a Certificate of Appreciation, thanking Dr. Ho for his expertise in the area of primary care. Dr. Ho expressed his appreciation to the Commission, Dr. Baxter, Department of Public Health Executive staff, and the CPHS staff.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

DPH BUDGET FY 91-91

- Update on Realignment: AB 1491, the vehicle for realignment cleanup, was passed by the Assembly and Senate on the last day of the legislative session. The Conference Report for AB 1491 was signed earlier last week. Many of the changes were technical, non-substantive amendments to the earlier realignment bills. However, there are several policy provisions contained in AB 1491, including a change to cash flow provisions.

  Currently, counties are required to make monthly deposits into the Local Health and Welfare Trust Fund, regardless of whether revenues have been received from the State Controller. Since the new revenues of Sales Tax and Vehicle License Fees will not be received by counties on a consistent monthly basis, the monthly matching requirement could cause substantial cash flow problems for counties.

  AB 1491 corrects this problem by allowing counties to deposit the match to realignment revenue as the funds are received by counties from the State. The State will review revenues provided to the counties in January, 1991 to determine if the revenues will achieve the estimates originally projected. It should be noted that while cash flow problems will be alleviated, counties are still required to maintain the level of effort and matching requirements specified in realignment legislation by the end of the fiscal year.

  The more difficult questions relating to allocation of the Growth accounts and revising Equity formulas were deferred until the legislature reconvenes in January, 1992.

  During the break between sessions, there will be many statewide efforts to develop new mechanisms to respond to the changed policy environment after realignment. Some of the key issues include: allocating resources for IMD facilities; contracting with the State Hospital system; developing data reporting requirements for public, indigent, and mental health programs; and public health program standards. The Department of Public Health will be active participants in these policy developments.

- Update on SB 855 Funds: On September 10, HCFA transmitted to the Federal Register an interim final rule governing federal Medicaid matching of provider donations and taxes. Based on a preliminary analysis, the regulations ban the use of voluntary donations and provider taxes to maximize federal financial participation. However, the rules do not prohibit intergovernmental transfers, which is the basis for SB 855.

  This is good news for the viability of the SB 855 program and the timely receipt of funds. The Department will continue to analyze these regulations in conjunction with state agencies and keep the Commission updated on the progress of the SB 855 proposal.

  In anticipation of receiving the funds, the Executive Staff Budget Committee is developing expenditure proposals in line with the criteria presented earlier. The planning process includes the Board of Supervisors to cost out their resolution for SB 855, input from various advisory groups, review by the Ad Hoc Advisory Committee, and final submission to the Health Commission for approval.

- SB 910: The San Francisco-sponsored legislation, SB 910, was passed by the legislature and sent to the Governor for signature. The bill adds case management to the Medi-Cal state plan, with counties voluntarily opting to participate and certify local expenditures as the State's share of the program to draw down federal financial participation. The bill will enable counties to receive federal reimbursements for case management services which are currently being provided by public health nurses and social workers throughout the City and County of San Francisco. Department staff will be working to implement this bill.

AIDS OFFICE

- Public Sex Environments/Social Clubs: The Mayor announced at a press conference late last week that action will be taken, by the appropriate city departments, to shut down any establishment that does not comply with all city laws and safety codes. The Mayor reported the Police, Fire and Health Departments have been warning these businesses for months about code violations and ordered the Departments to coordinate their efforts to ensure strict enforcement will begin immediately.

  This past weekend, Police and Fire closed one club for fire code violations and two other clubs voluntarily locked their doors to patrons.

  One of the issues of concern is reports of unsafe sex in some of these settings, which could contribute to the spread of HIV. Other concerns involve violation of liquor and entertainment licensing laws, and fire safety and zoning code violations.

  The issue of unsafe sexual activity taking place in some of these settings was first brought to the attention of the Department by community representatives on the Prevention Advisory Committee of the AIDS Office. The Police Department has also been receiving a growing number of public nuisance complaints from residential neighbors of some of these establishments. Dr. Hernandez and I met with Chief Casey regarding these complaints. The Fire Department was also informed some clubs are located in sites that represent fire hazards due to overcrowding and inadequate fire exits.

The AIDS Office, in conjunction with representatives of Police, Fire, and Environmental Health has been working with community representatives to review relevant health and safety codes for the operation of social clubs and businesses within San Francisco. Many of the operators have worked collaboratively with the City to come into compliance. A few, however, have been recalcitrant. Representatives of these City departments will continue to meet with community representatives to educate operators of these establishments on City fire regulations, permits needed for the sale of alcoholic beverages, zoning requirements, and safe sex precautions which need to be promoted in any and all sites.

The Health Department will continue to work with community based organizations and members to continue the effort against relapse into unsafe sexual practice, with educational intervention that effectively promotes healthy behavioral changes.

To the extent that operators fail to comply with these efforts and with the legal requirements for operation of such activities, including but not limited to fire safety, zoning and licensing, the City will take legal action promptly.

- Monthly AIDS Statistics: During the month of August, 1991, 236 AIDS cases were reported to the San Francisco Department of Public Health. This represents the highest number of cases ever reported in a single month, exceeding the previous high set in April 1990 when 209 cases were reported. This increase coincides with a relatively high acute care census at SFGH for HIV related disease.

- Update on CDC AIDS Definition Revision: The Centers for Disease Control (CDC) held a meeting on August 27, 1991 to discuss the implementation of the expanded AIDS surveillance case definition. The meeting appeared to be the first open discussion regarding the case definition between the CDC and officials from HRSA, Social Security Administration, or NIH. In addition, the CDC announced that little new funding is available to implement the expanded definition in terms of surveillance related activities. Many state and local health department representatives expressed concern over the January 1, 1992 implementation date given the lack of planning and coordination at the federal level. It was suggested by many that April 1, 1992 would be a more reasonable date for implementation. The CDC is not planning any public meetings on this despite community based advocacy to do so.

  Subsequent to the meeting in Atlanta, the Department was notified the CDC will likely defer the implementation of the expanded definition until April 1, 1992.

  The AIDS Office will be holding a meeting on September 25, 1991 with contractors of HIV services to discuss specific implications of the broader definition on eligibility, service utilization and potential increases in waiting lists.

  Also, the AIDS Office is corresponding with the Social Service Administration urging a broad eligibility criteria that would take indicator conditions and functional status into account. In addition, it was suggested that HIV knowledgeable clinicians be consulted in developing the new criteria and physician documentation forms.

- Independent Living Program for HIV Seropositives/Hospice by the Bay: The Commission should be aware of the public controversy surrounding a 51 bed housing project (not an AIDS Hospice) for HIV infected individuals being developed in the Visitacion Valley neighborhood by Hospice by the Bay, a non-profit community based organization. This $3.5 million project is not funded or coordinated by the Health Department. Sources of funding include the California Housing Rehab Program, the San Francisco Redevelopment Agency, the Mayor's Office of Community Development, and a HUD Permanent Housing grant.

  According to the Office of Community Development, the facility was previously a medical facility therefore no public hearing on the proposed reuse was required by the City Planning Department. Strong opposition to the project is being raised by concerned citizens who have organized with arguments against the project over a perceived decrease in local property values and the lack of local community medical services.

- Update on the VIII International AIDS Conference: The VIII International AIDS Conference Planning Committee has announced the relocation of this scientific meeting from Boston to Amsterdam. As the Commission is aware, the decision not to convene the meeting in the United States as previously planned was due to the failure of the U. S. Government to remove HIV infection from the list of diseases which restrict both immigration and travel into the country. The meeting will be held in July 1992.

SAN FRANCISCO GENERAL HOSPITAL

- Health Care Worker Safety Campaign: SFGH will kick-off the Departmentwide prevention campaign to promote health care worker safety on September 23. Laguna Honda Hospital and Community Public Health Services will begin their campaigns in October. The primary goals of the program are: to immunize all health care workers at risk for hepatitis B and to decrease needlestick exposures to HIV and hepatitis. The campaign activities should also heighten awareness of occupational health and safety issues including: 1) infection control precautions; 2) reporting and treatment of needlesticks; 3) hepatitis B vaccine information.

- Psychiatric Emergency Services: PES continues to operate in occasional situations of high acuity and at times the census has reached 20 patients. To date we have not had to implement diversion.

  DMSF and SFGH staff continue to work with community hospitals regarding available beds in times of high demand.

- Gayle Wilson's Visit to SFGH: Gayle Wilson, the Governor's wife, will tour the SFGH Nursery on Monday, September 23 from 3 - 4 pm. The purpose of her visit is to see the work of the Asian Perinatal Advocates. Mrs. Wilson's visit is planned in conjunction with the fundraising dinner that same evening.

  The tour will include a 30 minute discussion with four Asian families that have benefited from APA's early intervention. The goal of the program is to educate and support Asian families that are experiencing cultural shock, lack of parenting skills, mental illness, social isolation or child abuse.

- Annual Employee Recognition Dinner: On Friday, October 25, over 200 SFGH employees will be honored at the 11th Annual Employee Recognition Dinner to be held at the Elks Lodge, South San Francisco. In addition to recognizing employees from SFGH and UCSF who have served between 10 - 35 years, there will be awards given to the winners of the Employee Suggestion Program.

- Primary Care Linkage: Mr. Cordova and Dr. Goldschlager, Chief of Staff hosted a luncheon for the medical directors of the Primary Care Network Clinics along with key hospital subspecialists. The hospital continues to work with the Network to improve access to consultations and referral. Individual consultants will be identified as a "point person" from each of the medical services. Proposals for subspecialty clinics at the neighborhood clinics were also discussed.

COMMUNITY PUBLIC HEALTH SERVICES

- CPHS Administration: I have made the following assignments of administrative responsibilities in Community Public Health Services:

  Geraldine Oliva, M.D. will serve as Acting Deputy Director, responsible for the administration of the Community Public Health Services Division and continues as Director of Family Health;

  Sandra Hernandez, M.D. will serve as Acting Medical Director responsible for clinical supervision of the medical directors in the primary care sites and implementation of AIDS/HIV programs in the Health Centers, and to create linkages between Centers and SFGH;

  Frances Taylor, M.D. will serve as Acting Health Officer.

- Demonstration Project on Universal Infant Immunization for Hepatitis B: The CDC has notified the State Department of Health Services about its desire to do a demonstration project on universal infant immunization for hepatitis B in San Francisco. This would entail the immunization of every infant resident in the City beginning with the first dose at birth, in the hospital. A second part of the project would be delivery of vaccines, including hepatitis B, measles and tetanus/diptheria to a sample of sixth graders. The proposal also includes a plan to provide hepatitis B vaccine to children 0 - 7 years old who are at higher risk by virtue of being part of a community with an increased number of hepatitis B carriers, e.g., Asians.

  This is all part of a developing plan to eliminate hepatitis B from the U.S. The infant immunization demonstration project will look at successes and problems in implementing universal immunization as a national recommendation nears publication. At the present time the proposal has been drafted by the State and submitted to CDC. Negotiations are expected with CDC regarding the level of funding and the scope of work but the Department is planning that implementation of universal infant immunization will begin in the first six months of 1992. The project is expected to last two or three years.

- Tuberculosis Screening/DSS: The Tuberculosis Control Program of DPH was asked to provide an assessment of a probable case of active, infectious tuberculosis in an employee at the Department of Social Services Office at 1440 Harrison Street. A TB screening of employees at the facility was undertaken the week of August 26th.

Dr. Gisela Schecter, Director of the T.B. Clinic at SFGH reports there is no evidence of employee to employee transmission at this time. The initial evaluation of the physical set-up of the building gives no evidence of problems with the physical set-up although an engineering assessment of the ventilating system is recommended. The high rate of positives, 42 out of fifty-five skin tested, is consistent with populations in San Francisco.

I will provide an update in the Director's Report on October 1 regarding protocols for early intervention and primary care guidelines for tuberculosis.

- Special Programs for Youth: In collaboration with the Northern California Pediatric AIDS Treatment Center of UCSF, the Special Programs for Youth, has been awarded a grant of $621,000 from NIAID to establish HIV Clinical Trials for Adolescents over the next two years. San Francisco is one of seven cities funded to begin this initiative. The first stage of this effort will begin by referring HIV infected youth under 18 years to the Pediatric Clinical Trials Unit at UCSF and youth 18 - 21 years to the Adult Clinical Trials Unit at SFGH. All activities will be coordinated by Project AHEAD, the HRSA Pediatric AIDS Demonstration grant.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Realignment Workshop: The Community Services Work Group on local mental health realignment met for the first time last week. This group, which includes representatives of provider and contract agencies as well as administrative, management, and line staff, will advise the Department on how best to redesign our local mental health system consistent with the provisions of realignment. The group will meet again in two weeks to 1) review the local Napa buyout proposal, and 2) review the process for determining the S.F. allocation for locked facility beds. Co-chairs of the Community Services Work Group are Flo Stroud, Roy Crew (chair of the Consumer Task Force), and Bob Okin, Chief of Psychiatry, SFGH.

- BAART Methadone Clinic Site Approval: Florence Stroud and Wayne Clark met with Commander Brush and Captain Yalon of the SFPD last week regarding site location for the BAART Methadone Clinic at 1111 Market Street. Although there was no official Police Department position on September 3, both Commander Brush and Captain Yalon now report Police Department opposition to moving the clinic to that site. Their opposition is based on 1) the UN Plaza area is one of the highest crime and drug dealing areas of the City, 2) they believe the program would act as an additional magnet to this problem area, and 3) they were actively involved with community groups not to locate any new programs to the area.

  DPH has requested the SFPD position in writing from Chief Casey. The Police Department has stated that if the move was approved, they would work with the clinic. The opposition is not to drug treatment centers but they believe this particular location has a potential for increasing crime in the area. Two business groups have also stated their opposition to the site and allege that the noticing procedure for site approval was flawed.

  I have asked Ms. Stroud to ask BAART to delay their move until the concerns of the Police Department and neighborhood businesses are addressed. In the next week, I have asked staff to develop the following

plans: 1) meet with Police on how DPH and SFPD can work together more closely to mitigate against the program fostering a heavier concentration of drug dealing in the area; 2) meet with the two community groups were not part of the public hearing; 3) address the pros and cons of locating a drug treatment program in an area of high crime and drug dealing. I will report back to the Commission on these matters at the next meeting on October 1.

LEAD POISONING SCREENING & MANAGEMENT PROGRAM

- Update on DPH Activities: The Mayor held a press conference on August 28 to announce the joint effort of the Housing Authority and DPH to conduct childhood lead screening among the approximately 2700 children in public housing eligible for the free test. DPH is seeking 1000 children, ages 9 months to 5 years, to participate in the CHDP funded exam for a lead survey that is expected to end in November.

  To date, around 400 children have been screened at four different facilities. Several private practitioners have also started screening and arrangements are being finalized to facilitate the process by others. Twenty-six children have been reported to have levels of 15 ug/dl or higher, nine of these with levels of 20 ug/dl or higher. Any child with blood levels of 15 or higher is enrolled in DPH's public health nurse case management program. Those with levels of 20 or higher also receive home visits by an industrial hygienist from the DPH Toxics Bureau who conducts an environmental assessment and abatement plan. The Department is now exploring means to expand screening to pregnant women, as requested by Supervisor Shelley.

  Requests have been issued to other Departments for representation in discussing and planning for citywide prevention of lead hazards in San Francisco. DPH will continue to act as consultant to the Housing Authority on their lead testing program.

INTERAGENCY PLANNING

- Department Head Workshops: Department heads in the health and human services cluster met for two days last week with a consultant from the Fielding Institute to discuss issues of collaboration and strategic planning which focused on interdepartmental goals. The Departments represented were: Juvenile Probation, Mayor's Office of Children, Youth and Their Families, Social Services, Recreation and Park, Commission on Aging, Public Guardian, and Health.

  Four major areas of collaboration were identified:

  1) In Home Supportive Services - which department can provide the greatest service to the client, protect quality assurance and leverage reimbursement mechanisms.

  2) Adult Protective Services - integration of these services in Public Guardian's Office, as requested by Public Guardian.

  3) Multiservice Centers for Homeless Individuals and Families - DPH and DSS will assess the reimbursement mechanisms to qualify for Medicaid.

  4) Assess contract services for duplication and gaps in services - DPH, DSS, Mayor's Office of Community Development, and Juvenile Probation.

Additional areas were identified for ongoing collaboration:

- Strategic Plan for Children, Youth and Their Families
- Case management and leveraging reimbursement
- Unique identifier system for client identification

PUBLIC TRANSIT HOMELESS GRANT

- Department of Transportation Grant: San Francisco was one of three cities nationally to receive a grant from the Department of Transportation to conduct outreach to homeless people in public transit facilities. The Department of Public Health as grantee will receive $550,000 over three years.

  The program will build upon a small pilot project initiated by Travelers Aid at the Transbay Terminal with funding from the San Francisco Foundation. Early program experience has indicated that a high percentage of the homeless people who seek out the Transbay Terminal for warmth and security are mentally ill. The new federal funding will expand the outreach and counseling components of the Travelers Aid program, as well as provide office space across the street from the terminal. DPH, DSS and a number of community agencies will provide backup to the program.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Video Display Terminal Advisory Committee: As required by the VDT ordinance, the Board of Supervisors has appointed the seven member VDT Advisory Committee and as Secretary of the Advisory Committee (ex-officio), I have scheduled the first meeting of the Committee on November 14.

  The members of the VDT Advisory Committee are:

  - Joan Moore, representing Labor and nominated by the San Francisco Central Labor Council.
  - Claire Zvanski, Ed.D., representing Labor and nominated by the San Francisco Central Labor Council.
  - August Colenbrander, M.D., representing video display terminal scientific research fields and nominated by the Chamber of Commerce.
  - Michael Skaar, M.B.A., representing business and nominated by the Small Business Advisory Commission.
  - Julia Faucett, R.N., Ph.D., representing video display terminal scientific research fields and nominated by the Mayor.
  - John Cammidge, representing business and nominated by the Chamber of Commerce.
  - Laura Stock, M.P.H., representing video display terminal scientific research fields and nominated by the San Francisco Central Labor Council.

  The function and purpose of the Advisory Committee is to:

  1) Keep the Board of Supervisors apprised of updated video display terminal worker health and safety information including, but not limited to, adverse pregnancy outcomes, long-term vision impairment, musculoskeletal strain, and protective measures such as workstation design and education and training.

2) Review and make recommendations to the Health Commission on proposed rules and regulations developed by the Department in the implementation of the ordinance.

3) Recommend to the Board of Supervisors amendments to the ordinance that the Advisory Committee deems appropriate, and,

4) Review developments concerning VDT laws and regulations by the State of California and Cal/OSHA and report these developments to the Board of Supervisors.

Bill Lee, Director, and Laurel Sharmer, Training Program Manager of the Bureau of Toxics, Health and Safety Services, DPH will provide technical support to the Advisory Committee. The Advisory Committee will submit an annual written report of its findings and recommendations to the Board of Supervisors and the Health Commission.

- Chlorofluorocarbon Recovery and Recycling Program: The Bureau will be conducting two workshops scheduled for October 9 and 16 to help businesses that repair, install, dismantle, or dispose of mobile air conditioning units to comply with the requirements of the Chlorofluorocarbon Recovery and Recycling Ordinance. The workshop program will include an overview of the effects chlorofluorocarbons on the environment and health, requirements of the ordinance and assistance available for businesses.

AUGUST STATISTICS

- AIDS Statistics (from 7/1/81 to 8/31/91):

Total San Francisco cases:	11,070
Total San Francisco deaths:	7,743
Total S.F. cases for August:	236
Total S.F. deaths for August:	145

San Francisco General Hospital

Inpatient

Average Daily Census (except newborns:	324
Newborn Nursery:	27
Actual Patient Days (except newborns):	10,029
Newborn Nursery:	823
Admissions (except newborns):	1,620
Newborn Nursery:	188
Average Length of Stay (except newborns):	6
Newborn Nursery:	4
Discharge Patient Days (except newborns):	10,620
Newborn Nursery:	830
Discharges (except newborns):	1,636
Newborn Nursery:	186

Outpatient Visits

Primary Health

Family Health:	2,916
General Medicine:	1,650
Pediatric:	2,732
OB/GYN:	2,428
Specialty Clinic:	11,465

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
Health Center #1	2,101	812	2,913
Health Center #2	695	233	928
Health Center #3	1,168	648	1,816
Health Center #4	1,342	1,128	2,470
Health Center #5	2,003	453	2,456
Tom Waddell Clinic	1,085	2,090	3,175
Potrero Hill H.C.	409	794	1,203
Southeast H.C.	272	911	1,183
Youth Guidance Ctr. (incl. SPY, LSYC, L. Cabin, H. House)	6,987	463	7,450
TOTAL	16,062	7,532	23,594
Disease Control			
TB Clinic			2,201
City Clinic			2,317

5) PRESENTATION OF HEALTH CARE PROGRAMS FOR THE HOMELESS

President Sanchez welcomed Social Services Commission President Marilyn Chow. Dr. Baxter introduced Bob Prentice, Ph.D., Director of Homeless Programs, who gave the following update on the status of the City's homeless policy:

Based on the premise that shelter is not an adequate response to homelessness, there has actually been a reduction of approximately 90 shelter beds in San Francisco during the last three years.

On the other hand, there has been an increase of over 1,600 in the total number of beds with the most significant growth occurring in permanent housing (+ 1,500) and transitional housing (+ 200).

These figures are conservative insofar as they do not include the development of over 3,000 units of low-cost housing that do not specifically target homeless people, nor do they include a state-sponsored program that provides emergency housing assistance to over 150 homeless families per month.

1. The City has brought in $24 million of federal, state and private funds, in addition to another $1.8 million annually for the next 10 years to provide housing to the homeless.

2. City funding shifts from temporary housing to more permanent housing and support services.

3. The number of rooms available for permanent and transitional housing have increased substantially.

4. New housing for homeless people provides support services and employs the homeless.

5. More than 1,000 single room occupancy hotel rooms that used to house people for a few nights now provide permanent housing to homeless single adults.

6. Conditions improved in single room occupancy hotels.

7. Increased prevention opf homelessness among families.

8. New permanent housing subsidies for homeless families with support services.

9. New support services program for homeless families.

10. Multiservice Centers (MSC's) serve hundreds each day.

11. Increase in the number completing case plans in the MSC's and moving to permanent housing.

Dr. Prentice also provided the following overview of the Department of Public Health's role in its resources to assist the homeless:

While the Department of Public Health is mandated by State law to be the provided of last resort to indigent residents, it has also sought to target services specifically to homeless people using a combination of federal, state, private and city funds. In addition to programs administered directly through the Homeless Programs Office in the Division of Community Public Health Services, other programs for homeless people are administered and funded through the Division of Mental Health, Substance Abuse and Forensic Services, the AIDS Office and San Francisco General Hospital.

Several recent initiatives, including the three multiservice centers, the Community Housing Partnership and Project Homeward Bound, involve joint funding and services with the Department of Social Services.

(See Attachment A).

Dr. Prentice reported that the Department of Public Health allocates over $11 million dollars to homeless programs. However, he also noted the following:

1. The $11 million dollars includes only those programs that specifically target homeless people, although other department services might also be used by homeless people. For example, by our most recent survey, approximately 10% of the people discharged from San Francisco General Hospital are homeless, but those expenditures are not included.

2. While these Department of Public Health programs specifically target homeless people, the Community Substance Abuse Services office reports that 90% of the people using detox programs are homeless, and 46% of the people using all substance abuse treatment services are homeless.

3. The $11 million dollars include private grant funds administered through the Department of Public Health. They do not include private contributions or grant funds awarded directly to community agencies serving homeless people.

In implementing the homeless policy, collaboration and cooperation between the Departments of Public Health and Social Services has been ongoing.

Julia Lopez, General Manager of the Department of Social Services, reported that $8 million dollars from DSS has been allocated for FY 1991-92 to homeless programs. These programs include emergency shelter for single adults and families, homeless hotels, multiservice centers for single adults and families, transitional housing, housing with services for mentally ill, permanent housing, supported permanent housing, and direct support services.

Ms. Lopez reported that due to Federal and State cutbacks to specific populations (i.e. - refugees and families) and due to the recession, the only recourse for many people is general assistance. Originally, general assistance was the program of last resort; but, more recently, general assistance has become the only program for large segments of the population. Additionally, Ms. Lopez stated that because of the structural imbalances in our society (i.e. - cost of living is high; minimum wage is low) and until there are changes in national policies, the public will need to understand this whole picture; and the public will not see the homeless go away.

Social Services Commissioner Marilyn Chow expressed appreciation to the Health Commission on the ongoing collaborative efforts between the Department of Public Health and the Department of Social Services. She commented that there is progress being made with this overall comprehensive plan.

Health Commissioners Ludington, Gray, Rosenstiel, and Underwood raised points that:

a) evaluation on effectiveness of these programs is needed;

b) the press needs to include articles of success;

c) there's a need to look at recidivism;

d) there's a decline in low-income housing stock, thus adding to the homeless problem;

e) the public needs to understand that the problem of homelessness will not just go away; policies at the Federal level need to change.

6) CONSIDERATION OF A RESOLUTION TO REPEAL THE SITE APPROVAL ORDINANCE FOR MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS

Commissioner Underwood reported that this item will be postponed and recalendared in November.

7) OTHER BUSINESS/PUBLIC COMMENTS

The Department requested the Commission to add an item to the agenda because this item came up after the agenda was sent out and because this item needs to be considered in a timely fashion. The item was a request to accept and expend a new grant in the amount of $560,641 from the Centers for Disease Control for the period of September 30, 1991 to September 29, 1992 to provide a research study on HIV counseling models; a sole source request for a contract with the University of California of San Francisco Medical School; and a contract with the University of California of San Francisco Medical School in the amount of $418,807 to provide scientific expertise in study design, implementation and evaluation for the period of September 30, 1991 to September 29, 1992.

This is the first year of a five year project which seeks to evaluate the effectiveness of an enhanced HIV counseling model among STD clinic clients.

Action Taken: The Commission decided to add the item to the agenda because the item came up after the agenda had been sent out and because this item needs to be considered in a timely fashion.

Action Taken: The Commission approved to accept and expend a new grant in the amount of $560,641 from the Centers for Disease Control for the period of September 30, 1991, to September 29, 1992, to provide a research study on HIV counseling models; a sole source request for a contract with the University of California of San Francisco Medical School; and a contract with the University of California of San Francisco Medical School in the amount of $418,807, to provide scientific expertise in study design, implementation and evaluation for the period of September 30, 1991, to September 29, 1992.

It is not necessary for this item to be calendared for October 1, 1991.

8) EXECUTIVE SESSION: **PURSUANT TO GOVERNMENT CODE SECTION 54956.9 "PENDING LITIGATION," CONSIDERATION OF CLAIM OF HELEN HENDRICKS V. POTRERO HILL HEALTH CENTER ET AL SUPERIOR COURT NO. 905-894 IN THE AMOUNT OF $17,441.76**

Action Taken: After coming out of Executive Session, the Commission approved the claim of $17,441.76, No. 905-894.

The meeting was adjourned at 4:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

DEPARTMENT OF PUBLIC HEALTH
HOMELESS PROGRAMS
SERVICES

Facility	Medical	Mental Health	Substance Abuse	Social Services	Respite	Outreach	Housing
Emergency/Shelter							
Hospitality House	X	X		X			
Salvation Army	X	X		X			
Episcopal Sanctuary	X	X		X			
Hamilton Family Center	X	X		X			
Multi-Service Centers							
North of Market	X	X	X	X	X		
South of Market	X	X	X	X			
Richmond Hills(Families)	X	X		X			
Ozanam Reception Center			X				
Alcohol Drop-In *			X				
Transbay Terminal *						X	
Streets, Parks, etc.						X	
Transitional Housing							
San Francisco Support Services		X					
San Francisco AIDS Foundation				X			X
Shanti Residence Program				X			X
Rita de Casicla	X			X			X
Peter Claver Community	X	X		X			X
Permanent Housing							
Community Housing Partnership		X	X				
Project Homeward Bound *				X			
Free-Standing Programs							
Tom Waddell Clinic	X	X	X	X		X	
Tenderloin Self Help Center		X		X		X	

* Programs in the process of development, with start dates expected within the current calendar year.

ATTACHMENT A

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS

Government Documents Department
S.F. PUBLIC LIBRARY, CIVIC CENTER
McAllister & Larkin Streets
San Francisco, CA 94102

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION

Tuesday, October 1, 1991
3:00 P.M.
at
*Laguna Honda Hospital
(at Gerald Simon Auditorium)
375 Laguna Honda Blvd.
San Francisco, CA 94116

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* BUDGET COMMITTEE TO MEET AT LAGUNA HONDA HOSPITAL PRIOR TO THE FULL COMMISSION MEETING.

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGUALR MEETING OF SEPTEMBER 17, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosentiel)

(3.1) CPHS - Special Programs for Youth - Request to accept and expend as a sub-grantee, in collaboration with Northern California Pediatric AIDS Treatment Center as prime grantee, a grant in the amount of $221,437 from the National Institutes of Health for the period of September 1, 1991 through August 31, 1992, to establish adolescent clinical trial subunits and health services for youth.

(3.2) CO - AIDS - Request to accept and expend a new grant in the amount of $482,018 from the Centers for Disease Control for the period of September 1, 1991 through August 31, 1992, to provide evaluation and enhancement of HIV/AIDS prevention street and community outreach programs that serve youth in high-risk situations.

(3.3) DMSF - CSAS - Renewal contract with St. Vincent de Paul Society of San Francisco in the amount of $825,331, to provide substance abuse reception/evaluation, residential detoxification, substance abuse-free housing and substance abuse case management services for the period of July 1, 1991 through June 30, 1992.

(3.4) DMSF - CSAS - Renewal contract with The Salvation Army in the amount of $671,709, for the provision of residential substance abuse treatment services for the period of July 1, 1991 through June 30, 1992.

(3.5) CO - Administration - AB75 Project - New contract with Medicus Systems Corporation in the amount of $340,000, to provide Hospital and Physician Fiscal Intermediary Services for the period of October 1, 1991 through December 31, 1992.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

5) REVIEW OF LAGUNA HONDA HOSPITAL
(Anthony G. Wagner, Executive Administrator)

6) CONSIDERATION OF APPROVAL OF LAGUNA HONDA HOSPITAL MEDICAL STAFF BY-LAWS

7) CONSIDERATION OF A RESOLUTION APPROVING AMENDMENTS TO THE SAN FRANCISCO ADULT DAY HEALTH PLAN

8) RESOLUTION AUTHORIZING SUBPOENA POWERS TO THE HEALTH COMMISSION

9) OTHER BUSINESS/PUBLIC COMMENTS

MEETING NOTICE:

Mayor's HIV Planning Council
Public Hearing on Gaps in Service for Persons with HIV
October 2, 1991
4:00 P.M. to 6:30 P.M.
UCSF Auditorium - Laurel Heights Campus
3333 California Street

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 1, 1991
3:00 P.M.
at
Laguna Honda Hospital
(at Gerald Simon Auditorium)
375 Laguna Honda Blvd.
San Francisco, CA 94116

DOCUMENTS DEPT.

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

Absent: Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 17, 1991

Action Taken: The Commission adopted the minutes of September 17, 1991.

Special Presentation:

In behalf of the Commission and the Department, Commissioners Gray and Kaufman made a special presentation to Ann Jackson, C.N.A., and Steve Dowdell, R.N., for their heroic efforts in preventing a Laguna Honda Hospital resident from jumping out of a 7th floor window. Director of Nursing, Virginia Leishman, R.N., presented a certificate from Mayor Agnos to Mr. Dowdell and Ms. Jackson.

Dr. Baxter acknowledged the presence of his colleague, Joyce Ream, Director of the Commission on Aging

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Paul Rosenstiel)

(3.1) CPHS - Special Programs for Youth - Request to accept and expend as a subgrantee, in collaboration with Northern California Pediatric AIDS Treatment Center as prime grantee, a grant in the amount of $221,437 from the National Institutes of Health for the period of September 1, 1991 through August 31, 1992, to establish adolescent clinical trial subunits and health services for youth.

Commissioner Chow requested a report on the results of this study.

At the full Commission, Commissioner Gray raised questions on which youth are to be served and what kind of research will be done on minority children. Department staff indicated this grant will provide access to care for youth who have not had access. Dr. Baxter suggested that the Department provide the Commission information on confidentiality and testing.

(3.2) CO - AIDS - Request to accept and expend a new grant in the amount of $482,018 from the Centers for Disease Control for the period of September 1, 1991 through August 31, 1992, to provide evaluation and enhancement of HIV/AIDS prevention street and community outreach programs that serve youth in high-risk situations.

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(3.4) DMSF - CSAS - Renewal contract with The Salvation Army in the amount of $671,709, for the provision of residential substance abuse treatment services for the period of July 1, 1991 through June 30, 1992.

(3.5) CO - Administration - AB75 Project - New contract with Medicus Systems Corporation in the amount of $340,000, to provide Hospital and Physician Fiscal Intermediary Services for the period of October 1, 1991 through December 31, 1992.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

Commissioner Kaufman requested information on contractors indicating the total amount of funding to the contractor provided by the Department of Public Health (i.e. - from other Divisions in the Department). Dr. Baxter indicated that he is discussing with his staff how this kind of information, along with Commissioner Chow's request for a contractor's efforts to comply with the Commissioner's Board/staff composition policy, can be provided to the Commission.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

AIDS OFFICE

- Federal Funding for Evaluation of Youth Outreach: The AIDS Office has been awarded a CDC grant to evaluate street outreach and other youth prevention activities. This is a multiyear grant funded at $482,000/year.

SAN FRANCISCO GENERAL HOSPITAL

- Policy on HIV Infected Health Care Workers: In February, the Commission adopted a resolution regarding HIV infected health care workers and instructed the Department to develop and institute policies and procedures necessary to implement the resolution. The HIV Policy Committee at SFGH, chaired by Dr. Richard Fine, developed department-wide policies and procedures that will be submitted for final approval to the Medical Executive Committee this month.

  The UCSF Chancellor's AIDS Task Force has developed a similar policy. The Chiefs of Staff and hospital directors from the four UC affiliated hospitals met two weeks ago to ensure a uniform approach to addressing this issue. Next week, Drs. Sandra Hernandez, Richard Fine and myself will meet with the Medical Society to review these documents.

  The San Francisco Department of Health, and the University of California documents support the Commission's resolution.

- Women's Cancer Program Outreach: The hospital has planned a cancer prevention program targeted to special communities. The first outreach event, the Feria, directed to women in the Mission will be held on Saturday, October 26. In addition to the mammovan, there be five education booths on: menopause, nutrition, pap smears, stop-smoking, and safe sex. The hospital nutritionists are working with a community selected caterer to provide good healthy food for the event.

  Future community events will be directed to Asian, African American, and homeless women. There will also be educational forums and in-service training for health care providers.

- Health and Human Services: Congratulations and best wishes to Dr. Eric Goosby from the AIDS Clinic. Dr. Goosby has accepted the position as Director of HIV Services for the Department of Health and Human Services and will be moving to Washington D.C. in early November.

LAGUNA HONDA HOSPITAL

- Adult Day Health Licensing & Certification Survey: The exit conference for the hospital's Adult Day Health Center's recent biannual licensing & certification survey indicated overall satisfaction with the program with a few minor deficiencies. The hospital is awaiting the written report from State L & C. A written report will also be forthcoming from the California Department on Aging which conducted its biennial review in August with a verbal recommendation for certification for the next two years.

- 11th Annual Employee Recognition Dinner & Dance: 283 employees with a total of 787 years of service to the residents of Laguna Honda will be honored at the 11th Annual Laguna Honda Employees Recognition Dinner and Dance to be held at the County Fair Building in Golden Gate Park on Thursday, October 10. The theme for the evening is "We Are The World" and the Commission is invited to join in the festivities.

- League of California Cities Tour: On October 15, approximately 150 League of California Cities conferees will take part in a mobile workshop/tour of the Laguna Honda campus. Participants will include Mayors, elected and appointed officials, and administrators from throughout California.

COMMUNITY PUBLIC HEALTH SERVICES

- Protocols for Early Intervention/Primary Care T.B. Guidelines: San Francisco is seeing a slow but steady rise in the number of reported TB cases. This has been associated with a number of TB skin test conversions in staff of Health Department and homeless facilities. Both phenomena are limited to two major populations, the HIV infected and the homeless, along with those who provide services to these groups. These cases are over and above the long standing TB problem in the city which occurs primarily in the foreign born.

  In response to this situation, the Department has widely distributed guidelines in the community for TB screening of the HIV infected. Guidelines have been created for screening of clients and staff of facilities which serve the HIV infected.

  For persons with HIV infection and Intravenous Drug Users, screening should be conducted at Tuberculosis clinics, substance abuse treatment centers, HIV clinics, STD clinics, and HIV counseling and testing sites. CPHS, DMSF, and the AIDS Office will begin to review department-wide implementation of these guidelines for both department and contractual programs.

  A specific protocol is in the final stages of department-wide review for the management of acute cases of active Tuberculosis at SFGH for discharging patients into community based residential programs. This document will have input from clinical staff of CPHS, Health Care for the Homeless, T.B. Clinic., and SFGH.

  Skin testing of Department employees is done on a regularly scheduled basis. Screening of the homeless population for TB is a more difficult problem to resolve since the skin test must be read 48 hours after its placement, requiring that the client be seen twice. The possibility of x-ray screening, which requires a good record-keeping system in order to avoid over exposing individuals is being investigated.

  Children are required to have a TB skin test upon school entry. Adults involved in contact with children such as teachers and day care providers are required to have regular skin test screening. These are long standing regulations and need not be changed.

  TB skin testing programs should be conducted annually among the staffs of shelters for the homeless, nursing homes, substance abuse centers, long-term residential facilities, dialysis units and the jails.

The Department is stepping up environmental controls in our own facilities, including examining and improving ventilations systems and introducing methods to "scrub" the air such as filters or UV light.

Recommendations are being drafted for environmental evaluation and controls and for the selective screening of high risk groups. A formal set of guidelines for TB case prevention will be published in final form in the October issue of the Epidemiologic Bulletin.

- American Cancer Society Awards: The Women's Cancer Network and the Stop Smoking Media Campaign in Chinatown, two DPH programs, received Special Recognition Awards from the California Division of the American Cancer Society at the annual meeting of the San Francisco Unit last week.

  The Women's Cancer Network was cited for its "Breast Health Days", an annual series of community based screening and follow-up for cervical and breast cancer among low-income, uninsured and minority women. For 1991-92, the number of screening sites has been expanded from eleven to fourteen.

  The second award went to the project, "Stop Smoking in the Chinese Community". This project provided 3 ten and thirty second health messages at Chinese movie houses from October through December of last year. Some 90,000 movie goers viewed the stop smoking messages. Brief questionnaires were collected after the viewings, and those individuals who expressed an interest in more information or desire to stop smoking were referred to the Smoking Cessation Program in Chinatown.

- Breast and Cervical Cancer Intervention Study: Community Public Health Programs will participate in a newly funded five year Breast and Cervical Cancer Intervention Study funded by NIH. This project was developed jointly by the Bay Area Cancer Coalition, the Northern California Cancer Center and the San Francisco Department of Public Health. Robert Hiatt, M.D., of the Northern California Cancer Center, and Florence Stroud, M.P.H., will serve as principal investigators for the grant.

  The project will include a study of methods for establishing accessible, more affordable cancer screening and will investigate techniques for increasing access to treatment for multiethnic and underserved women.

  The study will evaluate several interventions including: outreach which consists of Women's Health Days patterned after the Breast Health Days currently being conducted by the Women's Cancer Network in San Francisco; development of a computerized reminder system for providers in the Primary Care Network; and treatment coordination through case management for women with abnormal screening results or a diagnosis of cancer. San Francisco and Contra Costa counties are targeted as intervention sites with Alameda County serving as a control. Anticipated funding for the five year project is approximately $4.5 million.

- Lean to Health Week: Last Friday, Commissioner Chow and I attended the "Low Fat Chinese Cuisine Cook-out" sponsored by the Department and the American Heart Association as a kick off to LEAN to HEALTH WEEK. The cook-out, featuring Martin Yan and chefs from several other famous Chinese restaurants, was organized by Catherine Wong, nutritionist at Health Center #4 to encourage healthier food choices and highlight delicious low-fat Chinese dishes. Mayor Agnos declared October 5 to October 12 as LEAN TO HEALTH WEEK.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Interim Report on BAART Methadone Clinic Site: Flo Stroud and Wayne Clark had a second meeting with Captain Yalon and two other officers last week to discuss ways the program could work with the SFPD to resolve police concerns regarding the Market Street site. Ron Kletter from BAART also attended the meeting and gave an overview of the program and discussed ways in which program rules could reduce impact in the neighborhood, including security and clinical patrols of the neighborhood to assure against loitering in the area.

  DMSF will make its final recommendation after meeting with members of the Mid Market-UN Plaza Association. In the meantime, BAART continues to operate at the Townsend Street site.

- Comprehensive Plan to Reduce HIV Infection Among IDU's: At my request, Community Substance Abuse Services and the AIDS Office are developing a draft Comprehensive Plan to Reduce HIV Infection Among Injection Drug Users in San Francisco, in keeping with the Health Commission resolution adopted two years ago. As one element of the comprehensive drug treatment and HIV prevention program, we would seek State approval and authority for needle exchange services.

  The objectives of the plan will be to:

  - reduce needle sharing among IDU's to reduce the rate of HIV infection among this population, their sex partners, and their offspring;
  - enter IDU's into substance abuse treatment;
  - educate IDU's about safer sex practices and inform them of opportunities for HIV testing and other services;
  - legitimize needle exchange programs with linkage to drug treatment;
  - refer IDU's to important health care programs to meet their primary health needs;
  - incorporate ongoing evaluation and research into the program.

  A draft of the Comprehensive Plan will be reviewed with appropriate advisory bodies and constituent groups for extensive community input before presentation to the Health Commission. We are continuing to meet with State and Federal officials regarding the necessary approvals and enhanced funding for drug treatment services.

- Community Crisis Services: I have met with the Chairpersons of the Boards of the Mt. Zion Crisis Clinic, Mt. Zion Health Systems, Inc., and the Westside Community Mental Health Center, Inc. and the Executive Directors of each agency to discuss the transfer of community crisis services. The preliminary meeting identified issues and outlined assignments for each of the participants in preparation for the next meeting.

  Although high levels of activity continue at Psychiatric Emergency Services, there have been no diversions.

DISEASE CONTROL/HEALTH AND SAFETY

- Sick Buildings: Considerable public interest has been generated by the recent cases of Legionnaires disease associated with the Social Security Administration building in Richmond. The bacteria that causes the disease, along with other problems associated with indoor air problems, are usually triggered by inadequate ventilation or a dirty, contaminated heating, ventilation, air conditioning system.

  Department staff have met with representatives of the Department of Public Works and Real Estate to review procedures for ensuring health and safe indoor air quality in all City owned or leased buildings.

SEPTEMBER STATISTICS

- Laguna Honda Hospital

Average Daily Census:	1,083
Acute Med/Surg:	4
Acute Rehab:	3
Clarendon Hall:	166
AIDS SNF:	8

- Mental Health

SFGH/Acute Psychiatric Beds:	79
(36 beds for subacute/med complex care)	
Community Acute Psychiatric Beds:	0

Commissioner Chow requested a copy of the policies and procedures of the San Francisco General Hospital HIV Policy Committee in implementing the Commission's policy on HIV-infected health workers.

Commissioner Underwood clarified a press release on the opening of the Early Intervention Center in that this program is a City and County program with the Department providing the funding to community-based organizations, including the UC AIDS Health Project.

5) REVIEW OF LAGUNA HONDA HOSPITAL
(Anthony G. Wagner, Executive Administrator)

Anthony G. Wagner, Executive Administrator, had submitted to the Commission a 28-page report, plus 19 exhibits. The report included the following:

I. EXECUTIVE OVERVIEW

II. MISSION AND GOALS

A. A Historical Perspective
B. Mission and Goals

III. NOTEWORTHY ACCOMPLISHMENTS AND OPERATIONAL HIGHLIGHTS

A. Noteworthy Accomplishments Since August 1990
1. Implementation of OBRA 1987
2. Laguna Honda et al vs. Kizer
3. Management Training Program
4. Licensing and Certification Annual Survey
5. 1990 Combined Charities Campaign
6. Administrative Staff Reorganization
7. Operating Budget Process for FY 1991-92

B. Hospital Operations Highlights
   1. Hospital Information System
   2. Safety Program
   3. Volunteer Organizations and Services
   4. Capital Projects
   5. Infrastructure
   6. Financial Performance
   7. Hospital Statistics

IV. FUTURE PLANS

A. Citywide Planning for Coordinated Long-Term Care
B. Facilities Master Plan

V. QUALITY ASSURANCE

A. Hospital-wide
B. Medical
C. Nursing

Mr. Wagner emphasized that the need for resources to operate LHH continues to increase and would want approval to explore the concept of LHH being a full enterprise. He highlighted the planning process for the Facilities Master Plan and introduced members of the neighborhood associations serving on the Community Advisory Group. A conceptual model of the new facility was displayed.

Commissioners' Comments:

- requested update on earthquake damages

- important to have the community input through the Community Advisory Group from the beginning of the planning process

- quality assurance program is a hospital-wide priority with only one central staff person responsible

- long-term care plan across populations and settings needs to be developed

- an enterprise approach can provide incentives

- there's an increasing generation of revenues; but how can LHH keep up with the nursing MOU

- new facility should not loose the present ambiance and feeling of warmth, home-like, cleanliness, and caring

Dr. Baxter pointed out areas where LHH serves as a model:

a) planning process includes the health care professionals and the community

b) management process includes training and development at various levels; and leadership on Department issues is also outside of LHH

c) quality assurance is integrated into the regular functions of LHH, not just as an add-on

d) financial approach is to reduce administrative overhead; unless the cost of labor is controlled, it's difficult to control finances

e) the management team works together and across institutions.

Commissioner Chow requested that a follow-up letter to members of the Blue Ribbon Committee be sent, along with a copy of this annual report, to provide the Committee an update on the monitoring of their recommendations and to be informed of the plans for a new facility. The Commission and the Department would look forward in having support from the Blue Ribbon members on the new facility.

President Sanchez thanked Mr. Wagner and his staff, including the gardeners for the flowers and plants.

6) CONSIDERATION OF APPROVAL OF LAGUNA HONDA HOSPITAL MEDICAL STAFF BYLAWS

Dr. Mary Anne Johnson, Associate Administrator of Medical Services, presented the revisions to the Medical Staff Bylaws of Laguna Honda Hospital. She reported that these revisions have been reviewed by the medical staff, their attorney, and the Joint Conference Committee of Laguna Honda Hospital.

Action Taken: The Commission adopted the revisions to the Medical Staff Bylaws.

7) CONSIDERATION OF A RESOLUTION APPROVING AMENDMENTS TO THE SAN FRANCISCO ADULT DAY HEALTH PLAN

Cynthia Selmar, Director of Senior Health Services, provided the following information to the Commission:

Health Commission approval is requested for the attached resolution addressing amendments to the County's Adult Day Health Care Plan. Board of Supervisor's approval is required, as is approval by the State Department of Aging - Long Term Care Committee (which meets November 9).

On July 24, 1991, the San Francisco County Adult Day Health Planning Council approved amendments to the San Francisco County Adult Day Health Plan. The first amendment provided for the provision of Adult Day Health Care Services for a "special population", such as ARC/AIDS clients served by continuum HIV Services, Inc. The second amendment eliminates Service Area #3 and expanded Service Areas #2 (Mt. Zion/Ruth Ann Rosenberg Adult Day Health Center) and #7 (Laguna Honda Hospital Adult Day Health Center).

The first amendment changed the plan to address the need and provision of Adult Day Health Care Services to a "special population". Continuum HIV Services, a citywide program for ARC/AIDS clients, was approved to co-locate in Service Area #4 (which is represented by the North and South of Market Adult Day Health Services). This amendment made it possible for the Council to address and be responsive to the diverse population needs of the City. The second amendment eliminates the old Garden Sullivan site (which never started up) and formally expands Service Areas #2 and #7, which have shared Service Area #3 since 1983.

The Adult Day Health Planning Council preceded the Department's Health Commission. A role of how the two bodies might interface has never been discussed or clarified. As ADHC in an essential component in the continuum of long term care, this amendment process provides an opportunity for the Health Commission to become familiar with the ADHC Planning Council and provides the opportunity for oversight, policy recommendations and support for the heroic work of the providers. The Adult Day Health Planning Council is staffed by the Director, Senior Health Services.

Commissioner Gray, Chair of the Joint Conference Committee on Public Health, AIDS, and EMS, emphasized that since the Health Commission was formed after the State-mandated Adult Day Health Planning Council, and that the Health Commission is the policy-making body on health issues, and that the Department of Public Health partially provides resources (i.e. - funding and building) to four adult day health providers, the Health Commission needs to consider these amendments formally prior to going to the Board of Supervisors.

Commissioner Gray reported that at the Joint Conference Committee of September 25, 1991, it was recommended to the full Commission to:

1) support the resolution that would be considered by the Board of Supervisors (Attachment A).

2) request Department staff to re-look at the issue of the boundary lines upon availability of the 1990 census data in order to look at the demographics of the population needing adult day health care and bring back their findings to the Commission.

Public Speakers: Anny Chung, Executive Director,
Self-Help for the Elderly

Jack McKay, Vice President,
Adult Day Health Planning Council

Adele Corvin, Chair, Adult Day Health Care Network

Commissioner Underwood requested the Department to look at long-term care from an interdepartmental viewpoint and a perspective that diverse populations need adult day health care.

Dr. Baxter will be supporting the work of the existing Adult Day Health Planning Council and will be reviving efforts with the Department of Social Services and the Commission on Aging to look at a citywide long-term care planning process. He will report back to the Commission on these efforts.

In response to Commissioner Chow's inquiry of the ability of another adult day health site to be added, Dr. Baxter pointed out a precedent is being set with the amendment allowing a site to serve a special population in an existing area where another site has already been in operation.

Action Taken: The Commission adopted Resolution #22-91, (Attachment A).

8) **RESOLUTION AUTHORIZING SUBPOENA POWERS TO THE HEALTH COMMISSION**

This item has been postponed.

9) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 4:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 22-91

RESOLUTION AUTHORIZING APPROVAL OF AMENDMENTS TO THE
SAN FRANCISCO COUNTY ADULT DAY HEALTH PLAN

WHEREAS, the State statutes and regulations require counties to amend the County Adult Day Health Care plan whenever service areas boundaries need to be changed, as recommended and approved by the local Adult Day Health Planning Council; and,

WHEREAS, the local Adult Day Health Planning Council is appointed by the County Board of Supervisors and approved by the Department of Aging to plan for organized day programs of therapeutic, social, and health activities and services provided to elderly persons or other persons with functional impairments either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care; and,

WHEREAS, the San Francisco County Adult Day Health Plan has limited one provider per catchment service area; and,

WHEREAS, the San Francisco Adult Day Health Plan was amended to: permit the co-location of providers in designated service areas,
A) addressing the need and provision of adult day health services to populations with special need, such as ARC/AIDS clients served by the citywide program, Continuum HIV Services (which co-locates in Service Area #4 represented by North and South of Market Adult Day Health Care Services), making it possible for the Council to address and be responsive to the diverse population needs of the City, and
B) eliminate Service Area #3 (represented by Garden Sullivan) and expands Service Area #2 (Mt. Zion/Ruth Ann Rosenberg Adult Day Health Center) and Service Area #7 (Laguna Honda Hospital/Adult Day Health Center) which will now share Service Area #3, and,

WHEREAS, these amendments were made in accordance with State mandated processes and formalized by the Adult Day Health Care Planning Council on July 24, 1991, now, therefore, be it

RESOLVED, that the Health Commission supports the San Francisco County Adult Health Care Plan, and, be it

FURTHER RESOLVED that the Health Commission recommends these amendments to the Board of Supervisors for approval and submission to the State Department of Aging.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, October 1, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT A

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

DOCUMENTS DEPT.

OCT 1 1 1991

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PUBLIC LIBRARY

AGENDA
HEALTH COMMISSION
Tuesday, October 15, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 1, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

3.1 Consideration of a supplemental request for $98,825 for DPH AIDS Office to support citywide efforts to prevent HIV/STD infections in high-risk youth, target areas of need, and coordinate existing efforts.

3.2 Consideration of a supplemental regarding realignment.

3.3 CPHS - Administration - Sole Source request with Bayview Hunter's Point Foundation in the amount of $152,750/per year, for the period of Certification through June 30, 1995, to provide mental health counseling and social service referrals to families and individuals experiencing emotional stress or trauma following violent incidents.

3.4 CPHS - Administration - Request to accept and expend a continuation grant in the amount of $823,196, from the State Department of Health Services, for the period of July 1, 1991 through June 30, 1992, to provide for unreimbursed public health care costs of persons who are legalized pursuant to the provisions of the Immigration Reform and Control Act (IRCA).

3.5 CPHS - Homeless Programs - Request to accept and expend a new grant in the amount of $550,00 from the federal Department of Transportation through the Metropolitan Transit Commission for the period of October 1, 1991 through September 30, 1994, to provide outreach services to homeless persons in transit facilities and a sole source request with Travelers Aid of San Francisco.

3.6 CPHS - Refugee Program - Request to accept and expend a supplemental in the amount of $60,000 to an existing subvention in the amount of $340,000, from the State Department of Health Services, Tuberculosis and Refugee Health, for the period of July 1, 1991 through September 30, 1991, to provide refugee preventive health services.

3.7 CO - Administration - AB 75 Project - Request to accept and expend the funding allocation for Fiscal Year 1991-1992 in the amount of $12,414,761, from the State Department of Health Services for the period of July 1, 1991 through June 30, 1992, to provide the California Healthcare for Indigents Program (CHIP).

3.8 CO - AIDS - Request to accept and expend a continuation grant in the amount of $1,450,000, from the State Department of Health Services, Office of AIDS, for the period of July 1, 1991 through March 31, 1992, to maintain the AIDS Drug Program.

3.9 AIDS - Request to accept and expend a continuation grant in the amount of $1,820,561, from the Centers for Disease Control, for the period of November 1, 1991 through October 31, 1992, to continue the AIDS/Hepatitis B cohort study.

3.10 AIDS - Renewal contract with California Pacific Medical Center/Visiting Nurses and Hospice of San Francisco, in the amount of $1,327,636, to provide AIDS Hospice and homecare services for the period of July 1, 1991 through June 30, 1992.

3.11 AIDS - Renewal contract with Bayview Hunter's Point Foundation as fiscal agent for 18th Street Services in the amount of $80,000, to provide AIDS/HIV prevention/education services to gay/bisexual substance abusers for the period of July 1, 1991 through June 30, 1992.

3.12 AIDS - Renewal contract with CURAS in the amount of $151,000, to provide AIDS/HIV prevention and education services to the gay, lesbian, bisexual and general Latino community for the period of July 1, 1991 through June 30, 1992.

3.13 Health Promotion - Tobacco Control - New contract with Hispanic Headquarters Advertising in the amount of $93,332, for a Tobacco Prevention Media Campaign targeting Latino youth for the period of October 15, 1991 through November 30, 1992.

3.14 Toxics - Modification of contract with Harding Lawson Associates to increase contract amount by $35,000 and extend contract by two months to provide added environmental assessment and remediation services for the period of October 21, 1991 through January 6, 1992.

3.15 DMSF - CMHS - Adult Community, Geriatrics, Child and Family - Renewal contract with Family Service Agency of San Francisco in the amount of $2,678,591/per year, to provide Partial Day, Outpatient, Case Management and Outreach Services for the period of July 1, 1991 through June 30, 1994.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **PRESENTATION OF WOMEN'S HEALTH ISSUES AND CONSIDERATION OF RESOLUTIONS REGARDING WOMEN'S HEALTH**

6) **UPDATE ON GAY/LESBIAN HEALTH SERVICES**

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

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Commissioner

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 15, 1991
3:00 P.M.
at
101 Grove Street, Room 330
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Patricia R. Underwood, R.N., D.N.Sc., at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N., D.N.Sc.

Absent: Commissioner Richard Sanchez, M.D., M.P.H.

Commissioner Caryl Ito of the Commission on the Status of Women was invited to join the Health Commissioners for Item #5 on the Agenda.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 1, 1991

Action Taken: The Commission adopted the minutes of October 1, 1991.

Special Presentation:

Special presentation from the Health Commission and Mayor Art Agnos were presented to Dr. Liz Kantor, Medical Director of Forensic Services, who is resigning after 13 years of service. She has played a central role in designing the Forensics health care system and maintaining her commitment to the rights of prisoners to access health care.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

3.1 Consideration of a supplemental request for $98,825 for DPH AIDS Office to support citywide efforts to prevent HIV/STD infections in high-risk youth, target areas of need, and coordinate existing efforts.

Commissioners raised the need for centralized administration and coordination for efficiency and the best use of funds for this program. Commissioners requested a follow-up on how this program will be coordinated.

3.2 Consideration of a supplemental regarding realignment.

Susan Ehrlich, Budget Director, reported:

The supplemental reflects (1) the adjustments of state revenues from State General Funds to realigned revenue sources, (2) the decrease in San Francisco's Proposition 99 allocation from the original Board budget, and (3) an upgrade of a position in the budget that is required as a result of the reauthorization of Proposition 99. The net change to the Department of Public Health budget is $444,085. These funds will reduce the General Fund contribution to the Department of Public Health budget.

3.3 CPHS - Administration - Sole Source request with Bayview Hunter's Point Foundation in the amount of $152,750/per year, for the period of Certification through June 30, 1995, to provide mental health counseling and social service referrals to families and individuals experiencing emotional stress or trauma following violent incidents.

Because this program is citywide and will be staffed with ethnic and linguistic sensitivity, Commissioner Chow requested that the Health Commission be kept informed of the program's ability to cover the whole city with this amount of funding.

Public Speaker: Shirley Gross, Executive Director
Bayview Hunter's Point Foundation

3.4 CPHS - Administration - Request to accept and expend a continuation grant in the amount of $823,196, from the State Department of Health Services, for the period of July 1, 1991 through June 30, 1992, to provide for unreimbursed public health care costs of persons who are legalized pursuant to the provisions of the Immigration Reform and Control Act (IRCA).

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3.9 AIDS - Request to accept and expend a continuation grant in the amount of $1,820,561, from the Centers for Disease Control, for the period of November 1, 1991 through October 31, 1992 to continue the AIDS/Hepatitis B cohort study.

Since Commissioner Ludington is a participant in the study, he will abstain from the discussion and decision on this grant.

3.10 AIDS - Renewal contract with California Pacific Medical Center/Visiting Nurses and Hospice of San Francisco, in the amount of $1,327,636, to provide AIDS Hospice and homecare services for the period of July 1, 1991 through June 30, 1992.

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Public Speaker: Shirley Gross, Executive Director
Bayview Hunter's Point Foundation

3.12 AIDS - Renewal contract with CURAS in the amount of $151,000, to provide AIDS/HIV prevention and education services to the gay, lesbian, bisexual and general Latino community for the period of July 1, 1991 through June 30, 1992.

Public Speaker: Rodrigo Reyes, President of the Mission Neighborhood Center Board of Directors
Dr. Shelley Fernandez, Board Member of CURAS
Ana Campa, Interim Executive Director of CURAS
Rosemary Zayas

Jimmy Loyce, AIDS Office, reported that CURAS is being asked to address several recommendations in its Monitoring Report. The AIDS Office will provide technical assistance.

Commissioners pointed out that staff of an agency should not be members on the Board of Directors. The Commission requested that the Department report back to the Commission in January 1992 as to the progress on the Monitoring Report and as to whether this contract is to be continued.

3.13 Health Promotion - Tobacco Control - New contract with Hispanic Headquarters Advertising in the amount of $93,332, for a Tobacco Prevention Media Campaign targeting Latino youth for the period of October 15, 1991 through November 30, 1992.

3.14 Toxics - Modification of contract with Harding Lawson Associates to increase contract amount by $35,000 and extend contract by two months to provide added environmental assessment and remediation services for the period of October 21, 1991 through January 6, 1992.

3.15 DMSF - CMHS - Adult Community, Geriatrics, Child and Family - Renewal contract with Family Service Agency of San Francisco in the amount of $2,678,591/per year, to provide Partial Day, Outpatient, Case Management and Outreach Services for the period of July 1, 1991 through June 30, 1994.

Action Taken: The Commission voted to permit Commissioner Ludington, at his request, to abstain from Item #3.9.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Ludington abstaining on #3.9.

Shirley Gross, Executive Director of Bayview Hunter's Point Foundation, introduced her replacement, Austin Thompson. The Commissioners expressed their appreciation for Ms. Gross' leadership and their best wishes as she leaves her position at the Bayview Hunter's Point Foundation.

4) **REPORT OF THE ACTING DIRECTOR OF PUBLIC HEALTH**
(Flo Stroud, M.N., M.P.H.)

SAN FRANCISCO GENERAL HOSPITAL

- Chief Paramedic: The Paramedic Division is pleased to announce the appointment of Michael Kleiner as the new Chief Paramedic. Mr. Kleiner is a native Californian who received his paramedic training in 1976 and served for the next seven years as a paramedic in the Los Angeles Fire Department. In 1984, he was promoted to Operations Manager responsible for managing operations in the Watts District and later to east San Fernando Valley which has a population of 800,000 with 60,000 ambulance runs each year. His management experience includes responsibility for $6 million budget, personnel and materials management, training and dispatch quality improvement. He is actively involved in EMS at both the local and State levels.

- County Hospital Week: Governor Pete Wilson proclaimed this week, October 13 to 20, as the first California County Hospital Week to honor the fundamental and integral role the county hospitals play within the State's health care system. SFGH will be celebrating the week at a Bar-B-Que for hospital employees on Thursday, October 17 between 11 am and 2 pm. Commissioners have been invited to attend.

  On an average day, California's county hospitals examine more than 12,000 people in their outpatient clinics, treat more than 7,000 people in their inpatient wards and more than 3,000 emergency room patients. California's county hospitals provide primary and specialty care to all Californians. Although these hospitals represent 11% of available hospital beds statewide, these safety net hospitals provide approximately 65% of care to the unsponsored poor and 30% of all Medi-Cal inpatient days.

COMMUNITY PUBLIC HEALTH SERVICES

- Chief, Records and Statistics: Dr. Frances Taylor, Director of the Bureau of Epidemiology and Disease Control has announced the selection of Randall Watson to fill the position of Chief, Records and Statistics. Eunice Hanson, who formerly held this position retired June 30, 1991. Under Mr. Watson's direction, improved availability and analysis of health data contained in birth and death records is expected.

- Perinatal HIV Reduction and Education Demonstration Project: The San Francisco Department of Public Health, the University of California San Francisco School of Medicine, and Planned Parenthood Alameda/San Francisco have been funded by the Centers for Disease Control to conduct two, five year projects.

  One project is a community-level, peer-led HIV risk reduction and reproductive health promotion program for women in two public housing projects in San Francisco. Approximately $770,000 has been awarded for

Year One. This project targets young women between the ages 18 and 25 who reside in public housing projects, and belong to one or more of the following risk: 1) crack users or non-IDUs; 2) women who trade sex for drugs or money; 3) sexual partners of IDUs; 4) IDUs.

The other project is a community based service-level intervention to provide comprehensive family planning services and HIV prevention to 1100 women at high risk for HIV/STDs and unplanned pregnancies in five medically underserved neighborhoods at eight sites. The goal of this project is to educate and assist women to develop the skills to control her own reproductive outcomes, to reduce her risk to HIV and STDs, and to increase her use of needed health and human services. Approximately, $321,000 has been awarded for Year One.

- Community and Home Injury Prevention Project for Seniors (CHIPPS): Cynthia Selmar, Director of the Office of Senior Health Services has named Pat Davis, Senior Health Educator, the project coordinator for the CHIPPS Project. Ms. Davis has worked with CHIPPS for almost three years and has an extensive background in community health education. A major focus of CHIPPS this year will be the institutionalization of the project into related public health programs.

  The Community and Home Injury Prevention Project for Seniors is now in its 5th year of funding from the Henry J. Kaiser Family Foundation and seeks to prevent and reduce unintentional injuries to seniors. The Project which has an active community advisory council, offers education and consultation services, minor home safety repairs, and medication assessments.

SEPTEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to 9/30/91):

Total San Francisco cases:	11,218
Total San Francisco deaths:	7,848
Total S.F. cases for September:	150
Total S.F. deaths for September:	105

- San Francisco General Hospital

Inpatient	
Average Daily Census (except newborns):	323
Newborn Nursery:	23
Actual Patient Days (except newborns):	9,693
Newborn Nursery:	689
Admissions (except newborns):	1,489
Newborn Nursery:	163
Average Length of Stay (except newborns):	6
Newborn Nursery:	4
Discharge Patient Days (except newborns):	9,338
Newborn Nursery:	689
Discharges (except newborns):	1,478
Newborn Nursery:	176
Outpatient Visits	
Primary Health	
Family Health:	2,945
General Medicine:	1,586
Pediatric:	2,921
OB/GYN:	2,189
Specialty Clinic:	9,170

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
Health Center #1	2,468	980	3,448
Health Center #2	631	284	915
Health Center #3	1,534	259	1,793
Health Center #4	1,261	1,085	2,346
Health Center #5	1,517	416	1,933
Tom Waddell Clinic	1,091	2,162	3,253
Potrero Hill H.C.	407	734	1,141
Southeast H.C.	191	1,050	1,241
YGC/SPY:	8,101	810	8,911
	17,201	7,780	24,981
Disease Control			
TB Clinic			2,126
City Clinic			2,089

In recognition of the first County Hospital Week recognized by the State, Commissioner Chow, Chairman of the Joint Conference Committee of San Francisco General Hospital, read a resolution recognizing San Francisco General Hospital for its dedication and valuable contribution in maintaining health care services for the residents of San Francisco.

Action Taken: The Commission adopted a resolution recognizing San Francisco General Hospital as part of County Hospital Week.

Commissioner Underwood inquired as to the Department of Public Health policy on sexual harassment. Commissioner Gray requested that this policy be distributed to all Department of Public Health employees.

5) PRESENTATION OF WOMEN'S HEALTH ISSUES AND CONSIDERATION OF RESOLUTIONS REGARDING WOMEN'S HEALTH

Commissioner Margel Kaufman, who is the Commission's representative on the Women's Health Committee, introduced Marj Plumb, Executive Director of the Lyon-Martin Clinic and Chair of the Women's Health Committee. Ms. Plumb presented the 13 recommendations (Attachment A) on women's health. These recommendations have also been presented to the Commission on the Status of Women, the Human Rights Commission, and the Maternal, Child, Adolescent Health Advisory Board. The Women's Health Issues Report includes:

- Access to Health Care for Women
- AIDS and Women
- Chronic Disease and Women
- Domestic Violence
- Homeless Women
- Incarcerated Women
- Lesbian Health Care
- Mental Health and Women
- Occupational Health Issues for Women
- Refugee Women
- Substance Abuse and Women
- Woman Centered Women's Health Services
- Recommendations for Additional Funding

The Department of Public Health Women's Health Committee will be reconstituted. It will be the Department's responsibility, through the Director of Public Health, to appoint members to serve on the Committee.

Commissioner Caryl Ito of the Commission on the Status of Women (COSW) expressed appreciation to the Health Commission and the Department in working together on common issues. She stated that the COSW is presently working with Congresswoman Nancy Pelosi on funding a citywide demonstration project on domestic violence; and the COSW would work together with the Department of Public Health. She also indicated that Commissioner Ahimsa Sumchai, M.D., is disbanding the COSW Health Committee and will work together with the Department of Public Health Women's Health Committee.

Public Speakers: Coletta Reid, Women's Institute for Mental Health
Meredith Cahn, Women's Needs Center

Commissioner Gray stressed the need for diversity reflecting ethnic minorities on the Women's Health Committee.
Commissioner Rosenstiel emphasized the need to use funds efficiently in order to expand cost-effective service capabilities.
Commissioner Ludington noted that the chance for a patient in Ward 86 to have a Pap smear is zero.
Commissioner Underwood encouraged the Women's Health Committee to bring back recommendations encouraging and supporting research on women's health care.

Action Taken: The Commission adopted Resolutions #23-91 (Attachment B), and #24-91 (Attachment C) on women's health issues.

6) UPDATE ON GAY/LESBIAN HEALTH SERVICES

Carmen Vasquez, Coordinator for Gay/Lesbian Health Services, provided a 26-page update on Gay/Lesbian health services, which included:

- History
- Current Delivery System
- Gaps in Services, Update on 1990 Recommendations
- Continued Gaps in Services

The highlights of FY 1990-91 accomplishments were:

1. A $3,756,384 increase in AIDS related contract services targeting gay clients (primarily gay and bisexual males) over FY 1989-90 ($7,332,761 as compared to $3,576,377).

2. A $550,972 increase in AIDS related contract services targeting gay and bisexual men of color.

3. Services to gay and bisexual youth at risk for AIDS improved by the availability of two new programs (State and Federal funds) totaling $558,000.

4. CARE and BHCDA grants to Lyon-Martin Women's Health Services ($87,382) has created the first community based HIV health care service specifically targeting lesbians and bisexual women.

5. Completion of lesbian/gay/bisexual substance abuse needs assessment study (CSAS contract with EMS Associates, a Sacramento based research and training group) The report was completed in June 1991 and will be published in the fall.

6. Human sexuality trainings for over 200 health care providers and workshops or presentations on lesbian/gay health related issues for a variety of service providers and community groups, including San Francisco Rape Treatment Center, Women's Cancer Resource Center, South of Market Multi-Service Center, Lavender Youth Recreation Center (LYRIC), Queer Nation, Coalition for Immigrant and Refugee Rights and Services (CIRRS), Lyon-Martin Women's Health Services, National Lesbian/Gay Health Foundation Conference, and the National Lesbian Conference.

7. An increase of more than 100% in the availability of Gay Health Specialist positions (40.5 FTE currently as compared to 19 in FY 1989-90).

8. Collaboration with the AIDS Office and community providers in development of a report on HIV service related needs for lesbian/gay/bisexual people of color. The recommendations in that report were presented to the Health Commission last June.

Public Speakers: Carmen Chavez, CURAS
Joan E. Baker, lesbian living with AIDS
Susan Foster, Lyon-Martin Lesbian HIV Support Group
Imani Harrington, Self-BCA Lesbian Health Forum
James Tate, Lesbian/Gay Health Services Coordinating Committee
Tonie Jo Fry, Transgender
Lonny D. Lewis, Episcopal Sanctuary
Guille Quiroz, CURAS
Carol Delgado, Women's Alcoholism Center

The Commission stated that the report needs to clarify the needs and funding of AIDS services and of Lesbian/Gay Health Services. AIDS services do not naturally mean or equate to Lesbian/Gay health services.

Commissioner Underwood requested the Department to collect data on its patient intake forms in identifying sexual orientation on a voluntary basis.

7) OTHER BUSINESS/PUBLIC COMMENTS

The meeting was adjourned at 5:30 p.m. in memory of Jackie Winnow, who died of metastatic breast cancer on September 7, 1991. Ms. Winnow served as Coordinator of the Lesbian/Gay and AIDS Unit of the San Francisco Human Rights Commission from 1980-1990; was the founder of the Women's Cancer Resource Center in Berkeley; and was an active participant of the Department of Public Health Women's Health Committee.

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (3)

PUBLIC HEALTH RECOMMENDATIONS
JANUARY 24, 1991

Presented by: The Women's Health Committee

Presented to members of the:
Commission on the Status of Women
San Francisco Health Commission
Human Rights Commission
Maternal, Child, Adolescent Health Advisory Board

The following recommendations are not that different than the ones presented to the Health Commission in June 1987. For most of the thirteen recommendations, the challenge is not to come up with additional money but to rethink how current monies are prioritized and expended. The challenge is to make a commitment to women-specific health issues and to begin the process of evaluating and changing systems to reflect this new commitment.

RECOMMENDATIONS:

1. The Health Commission shall annually document the level of women-specific health care service prior to recommending or approving any funding cuts.

2. The Department of Public Health shall be responsible for developing and implementing innovative programs of education and outreach to attract women to the health care system, not only for screening and treatment, but also for prevention and education.

3. The Department of Public Health shall commit itself to maintain existing funding levels to department and community based services providing primary health care, long term care, mental health and substance abuse services for women.

4. Low-cost and women-specific primary health care which treats women not just as people with reproductive organs, must be a priority of the Department of Public Health.

5. The Women's Health Committee must be represented in the planning and development of the department's Primary Care Network.

6. View as an area of increased funding priority; prevention, education and early intervention care for women and children in high risk groups and with asymptomatic HIV infection. Educational strategies must include direct interactive processes and support groups using gender specific, culturally appropriate materials.

7. The Health Commission shall develop a comprehensive contingency plan to assure health services to the women of San Francisco, in the event of state and federal funding cuts of women-specific services, including family planning and abortions.

8. Training shall be provided by the Department throughout the Department on women-specific health care issues (some of which are identified in this report such as substance abuse, mental health and women-specific diseases) with an emphasis on race, ethnicity, culture, sexual orientation, age and physical disability. Existing resources in the community that are currently providing these services should be utilized.

9. Physical, domestic and sexual violence against women and child abuse are so pervasive that the Health Commission, working jointly with the Commission on the Status of Women, hold a separate hearing on these issues with the intent of developing policies, strategies and programs for treatment and surveillance.

10. The Department of Public Health shall continue to monitor all new and existing programs to ensure that services are culturally competent and that affirmative action guidelines are met in terms of staffing.

11. The Health Commission accepts for additional funding priorities the recommendations made at the end of this report.

12. The Department of Public Health must establish and maintain surveillance mechanisms to monitor the prevalance of diseases significantly affecting women (such as HPV, Chlmydia, CFIDS, Cervical Displasia, Environmental Illness, and Occupational Illness).

13. A meeting must be convened of the Department of Social Services, Department of Public Health, the Sheriff's Department, the Juvenile Probation Department and community-based providers to ensure that there are adequate options for women to receive services upon leaving the jail system so as to inhibit recidivism.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 23-91

RESOLUTION ON WOMEN'S HEALTH

#1

WHEREAS, in 1987 a report on Women's Health in the City and County of San Francisco was presented to the Health Commission; and in 1991 a report was presented to the Commission on the Status of Women; and,

WHEREAS, the report seeks to provide an overview of the status of women's health care as it exists within the San Francisco public and non-profit health systems; and,

WHEREAS, with the decreasing commitment at the Federal and State levels for health care, the report identifies priorities that will affect the delivery of women's health care in San Francisco by the Department of Public Health and other providers and require careful planning on how health care services to women are delivered; and,

WHEREAS the report identifies priorities for women's health care that are important to consider while developing an overall program of health care for all residents of this city; therefore, be it

RESOLVED, that the Health Commission accepts the report dated January 1991 on Women's Health Issues in San Francisco; and, be it

FURTHER RESOLVED, that the Health Commission will consider the recommendations of the Department of Public Health Women's Health Committee.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, October 15, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT B

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 24-91

REVISED RESOLUTION ON WOMEN'S HEALTH

#2

WHEREAS, in 1987 a report on Women's Health in the City and County of San Francisco was presented to the Health Commission; and in 1991 a report was presented to the Commission on the Status of Women; and,

WHEREAS, the report seeks to provide an overview of the status of women's health care as it exists within the San Francisco public and non-profit health systems; and,

WHEREAS, with the decreasing commitment at the Federal and State levels for health care, the report identifies priorities that will affect the delivery of women's health care in San Francisco by the Department of Public Health and other providers and require careful planning on how health care services to women are delivered; and,

WHEREAS, it is appropriate to have a Women's Health Committee representing the broad and diverse perspectives of women's needs to assist the Department in understanding these needs; therefore, be it

RESOLVED, that the Health Commission requests the Department of Public Health to form a Women's Health Committee to represent the broad and diverse perspectives of women, as an on-going advisory body to the Department of Public Health with a Department staff liaison assigned to the Committee; and, be it

FURTHER RESOLVED, that this Advisory Committee report annually.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, October 15, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT C

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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AGENDA
HEALTH COMMISSION
Tuesday, November 5, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 15, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

3.1 Consideration of amending Section 16.6-10 of the San Francisco Administrative Code by adding certain organizations to the membership list of the Department of Public Health.

3.2 CPHS - Administration - Renewal contract with Bayview Hunter's Point Foundation in the amount of $157,217, to provide health care/substance abuse treatment services for the period of October 1, 1991 through September 30, 1992.

3.3 CPHS - Administration - New contract with Bayview Hunter's Point Foundation in the amount of $152,750/per year, to provide for counseling and case management services, from November 15, 1991 through June 30, 1995.

3.4 CPHS - Administration - Renewal contract with Haight Ashbury Free Clinics, Inc. in the amount of $185,224, to provide primary health care/substance abuse treatment services and provider education services, for the period of October 1, 1991 through September 30, 1992.

3.5 CPHS - Family Health - First modification of the contract with UCSF OB/GYN in the amount of $50,000, to provide research, evaluation and statistical expertise for the PHREDA project, a community-based cohort HIV infection prevention program for high-risk women for the period of September 28, 1991 through January 31, 1992.

3.6 CPHS - Medically Indigent Adults - New contract with Travelers Aid San Francisco, in the amount of $157,457/per year, to provide outreach services to homeless persons at the Transbay Terminal, for the period of December 1, 1991 through September 30, 1994.

3.7 CPHS - Health Promotion, Tobacco Control - Request to apply for, accept and expend the prospective FY 1991-92 allocation for comprehensive tobacco control as mandated by AB 99, in the amount of $1,063,009, from the California Department of Health Services Tobacco Control Section, for the period of January 1, 1992 through June 30, 1994, to provide funding for services, policy and media activities to reduce tobacco use.

3.8 CO - AIDS - Request to accept and expend a grant continuation in the amount of $6,099,135, from the Centers for Disease Control, for the period of January 1, 1991 through December 31, 1992, to provide services of the AIDS/HIV Prevention Project.

3.9 CO - AIDS - Request to accept and expend a grant continuation in the amount of $2,468,345, from the Department of Health and Human Services Centers for Disease Control, for the period of January 1, 1991 through December 31, 1992 to provide AIDS Surveillance Project #416, this includes all AIDS/HIV surveillance and seroprevalence activities conducted by the Department of Public Health.

3.10 CO - AIDS - Renewal contract with University of California, San Francisco in the amount of $229,000 to provide information, educational and emotional support services to individuals with HIV and those at risk for AIDS for the period of July 1, 1991 through June 30, 1992.

3.11 CO - AIDS - Renewal contract with Mission Neighborhood Health Center Health Services in the amount of $387,595 to provide early intervention services to HIV antibody-positive individuals residing primarily in the Mission District of San Francisco for the period of July 1, 1991 through June 30, 1992.

3.12 CO - AIDS - Renewal contract with Polaris Research and Development in the amount of $182,876 to provide basic and advanced cross-cultural training, training for medical, health and mental health service providers, leadership seminars and technical assistance and consultation for the period of July 1, 1991 through June 30, 1992.

3.13 CO - AIDS - New contract with San Francisco AIDS Foundation to serve as fiscal agent for a collaborative project with University of California, San Francisco, Community Consortium in the amount of $56,000 to provide clinical trials advocacy services to HIV positive individuals and social service providers through the Center For Positive Care for the period of December 1, 1991 through June 30, 1992.

3.14 CO - AIDS - Renewal contract with Catholic Charities in the amount of $66,269, to support Rita da Cascia House as a residence for women and families with symptomatic HIV and AIDS for the period of July 1, 1991 through June 30, 1992.

3.15 CO - AIDS - Renewal contract with Bayview Hunter's Point Foundation in the amount of $218,918 to provide HIV prevention and education services to San Francisco's African-American Community for the period of January 1, 1991 through December 31, 1991.

3.16 DMSF - CMHS - Geriatrics and Residential - Renewal contract with Progress Foundation in the amount of $3,491,107/per year, to provide 24-Hour Residential, Partial Day, and Case Management Services for the period of July 1, 1991 through June 30, 1994.

3.17 DMSF - CMHS - Adult Community - Renewal contract with Episcopal Community Services in the amount of $389,466/per year, to provide case management and community outreach services for the period July 1, 1991 through June 30, 1993.

3.18 DMSF - CMHS - Child, Adolescent and Family Services - First modification to the contract with Edgewood Children's Center in the amount of $36,911, to increase community outreach for the period July 1, 1991 through June 30, 1992.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

5) PRESENTATION OF ANNUAL AFFIRMATIVE ACTION REPORT

6) CONSIDERATION OF AN APPEAL BY A CITY EMPLOYEE OF A DENIAL OF THE DETERMINATION FOR CATASTROPHIC ILLNESS STATUS PURSUANT TO SECTION 16.9-29 OF THE SAN FRANCISCO ADMINISTRATIVE CODE

7) OTHER BUSINESS/PUBLIC COMMENTS

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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Margel F. Kaufman
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 5, 1991
3:00 P.M.
at
101 Grove Street, Room 330
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.

Absent: Commissioner Patricia R. Underwood, R.N., D.N.Sc.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 15, 1991

Commissioner Gray reported that in a conversation with Commissioner Ahimsa Porter Sumchai, M.D., of the Commission on the Status of Workmen (COSW), Commissioner Sumchai requests a correction to the statement made about the COSW Health Committee being disbanded and that she has never received a formal invitation to the Women's Health Committee and was not a part of the process to further the goals of the Women's Health Committee. Commissioner Kaufman pointed out that she personally talked to Commissioner Sumchai inviting her to the hearing. However, Commissioner Sumchai had surgery and was unable to attend the hearing. Commissioner Gray will ask Commissioner Sumchai to write to the Commission if she wants to provide her information to the Commission.

In reference to a resolution (#29-91) of the October 15, 1991 meeting, Commissioner Gray requested a consideration of an amendment to the resolution. President Sanchez will have the proposed amendment calendared for the November 19, 1991 meeting and requested that all parties who spoke to this resolution at the October 15, 1991 meeting be so advised so that they could have input into that amendment.

Action Taken: The Commission adopted the minutes of October 15, 1991.

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Paul Rosenstiel)

3.1 Consideration of amending Section 16.6-10 of the San Francisco Administrative Code by adding certain organizations to the membership list of the Department of Public Health.

Commissioner Chow requested a review of the total list of memberships.

3.2 CPHS - Administration - Renewal contract with Bayview Hunter's Point Foundation in the amount of $157,217, to provide health care/substance abuse treatment services for the period of October 1, 1991 through September 30, 1992.

In response to Commissioner Kaufman's question of what is the total amount of funding from the Department of Public Health to this contractor, Dr. Meredith reported that the funding is in excess of $7 million.

3.3 CPHS - Administration - New contract with Bayview Hunter's Point Foundation in the amount of $152,750/per year, to provide for counseling and case management services, from November 15, 1991 through June 30, 1995.

Dr. Oliva stated that a 6-month monitoring report will be done and given to the Commission.

3.4 CPHS - Administration - Renewal contract with Haight Ashbury Free Clinics, Inc. in the amount of $185,224, to provide primary health care/substance abuse treatment services and provider education services, for the period of October 1, 1991 through September 30, 1992.

This contractor receives in excess of $4 million from the Department of Public Health. Commissioner Ludington raised the issue of the unit cost varying between contractors performing the same service. Commissioner Chow pointed out that discrepancies or variances should be explained in the narratives.

3.5 CPHS - Family Health - First modification of the contract with UCSF OB/GYN in the amount of $50,000, to provide research, evaluation and statistical expertise for the PHREDA project, a community-based cohort HIV infection prevention program for high-risk women for the period of September 28, 1991 through January 31, 1992.

3.6 CPHS - Medically Indigent Adults - New contract with Travelers Aid San Francisco, in the amount of $157,457/per year, to provide outreach services to homeless persons at the Transbay Terminal, for the period of December 1, 1991 through September 30, 1994.

3.7 CPHS - Health Promotion, Tobacco Control - Request to apply for, accept and expend the prospective FY 1991-92 allocation for comprehensive tobacco control as mandated by AB 99, in the amount of $1,063,009, from the California Department of Health Services Tobacco Control Section, for the period of January 1, 1992 through June 30, 1994, to provide funding for services, policy and media activities to reduce tobacco use.

3.8 CO - AIDS - Request to accept and expend a grant continuation in the amount of $6,099,135, from the Centers for Disease Control, for the period of January 1, 1992 through December 31, 1992, to provide services of the AIDS/HIV Prevention Project.

Commissioner Ludington pointed out that if there are to be changes in the partnership notification system, education has to be done prior to the change.

3.9 CO - AIDS - Request to accept and expend a grant continuation in the amount of $2,468,345, from the Department of Health and Human Services Centers for Disease Control, for the period of January 1, 1992 through December 31, 1992 to provide AIDS Surveillance Project #416, this includes all AIDS/HIV surveillance and seroprevalence activities conducted by the Department of Public Health.

3.10 CO - AIDS - Renewal contract with University of California, San Francisco in the amount of $229,000 to provide information, educational and emotional support services to individuals with HIV and those at risk for AIDS for the period of July 1, 1991 through June 30, 1992.

Commissioners expressed concern on points raised in the evaluation and lack of follow-up to the recommendations; and if information given to the Commission is not accurate, why is this happening? Commissioners requested follow-up to whether the contractor is in compliance with Department of Public Health reporting mechanisms.

3.11 CO - AIDS - Renewal contract with Mission Neighborhood Health Center Health Services in the amount of $387,595 to provide early intervention services to HIV antibody-positive individuals residing primarily in the Mission District of San Francisco for the period of July 1, 1991 through June 30, 1992.

3.12 CO - AIDS - Renewal contract with Polaris Research and Development in the amount of $182,876 to provide basic and advanced cross-cultural training, training for medical, health and mental health service providers, leadership seminars and technical assistance and consultation for the period of July 1, 1991 through June 30, 1992.

Commissioners raised the question of who is being held accountable to make sure attendance to training sessions is required of all staff? Commissioners requested a 6-month progress report in January 1992 on this contract.

3.13 CO - AIDS - New contract with San Francisco AIDS Foundation to serve as fiscal agent for a collaborative project with University of California, San Francisco, Community Consortium in the amount of $56,000 to provide clinical trials advocacy services to HIV positive individuals and social service providers through the Center For Positive Care for the period of December 1, 1991 through June 30, 1992.

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3.17 DMSF - CMHS - Adult Community - Renewal contract with Episcopal Community Services in the amount of $389,466/per year, to provide case management and community outreach services for the period July 1, 1991 through June 30, 1993.

3.18 DMSF - CMHS - Child, Adolescent and Family Services - First modification to the contract with Edgewood Children's Center in the amount of $36,911, to increase community outreach for the period July 1, 1991 through June 30, 1992.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee with the specific follow-up requests of Commissioners.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH

(Raymond J. Baxter, Ph.D.)

CDC GUIDELINES

- HIV/Health Care Workers Policy: On October 17, a San Francisco coalition of health and hospital workers joined with the California Medical Association in rejecting the CDC call to identify exposure prone procedures deemed unsafe for performance by HIV-infected health care workers. The emphasis instead was placed on scrupulous infection control and universal precautions as the best ways to assure public safety.

  This position is consistent with the Health Commission's resolution passed earlier this year rejecting the restriction of HIV positive health care workers activities, rejecting mandatory testing, and ensuring compliance with universal precautions and infection control.

  The San Francisco coalition included DPH, UCSF, SF Medical Society, and the West Bay Hospital Association. The coalition's "Standard of Care for Protection of the Public from Bloodborne Pathogens" and Health Commission resolution #6-91 were included in the press packet. Dr. Merle Sande of SFGH/UCSF and I spoke on behalf of the San Francisco coalition. Commissioner Ludington attended the press conference.

  There was extensive national and local coverage of this position, especially since a similar coalition in New York announced their opposition of the CDC guidelines a week prior to the local press conference.

  In a related matter, I have asked the Department's Committee on Bloodborne Pathogens (chaired by Dr. Dick Fine) to evaluate the desirability and feasibility of requiring inoculations of our health workers against Hepatitis B.

SAN FRANCISCO GENERAL HOSPITAL

- Public Managerial Excellence Awards: Congratulations to Dr. Charles Saunders, Director of the Paramedic Division, who has been selected to receive one of the five Public Managerial Excellence Awards sponsored by the Mayor's Fiscal Advisory Committee, San Francisco Planning and Urban Research Association, and the San Francisco Chamber of Commerce. Dr. Saunders and the other four winners will be recognized at a luncheon on November 13.

  Dr. Saunders was nominated for his outstanding leadership and personal efforts that have increased ambulance availability and improved response

times to an 8 minute average, increased revenue development by 500% since 87-88, and implemented quality assurance and "on-line" quality control including in-field supervision.

In addition to managing the Paramedic Division, Dr. Saunders is an attending physician in the hospital's emergency department where he supervises patient care and trains other physicians in the city's busiest emergency department.

- Annual Employee Recognition Banquet: The Employee Activity Committee of SFGH held the 11th Annual Employee Recognition Banquet on October 25 at the Elks Lodge Club in South San Francisco. Two hundred and fifty-five employees were honored for 10 to 35 years of service. Six employees were awarded prizes for submitting winning Employee Suggestions sponsored by the SFGH Management Forum. Approximately 250 people attended the banquet including Commissioner Naomi Gray and State Senator Quentin Kopp.

COMMUNITY PUBLIC HEALTH SERVICES

- Flu Immunization Campaign: The kickoff for the influenza immunization campaign was held on October 31 at the Aquatic Park Senior Center. The District Health Centers will provide immunizations on Tuesday and Thursdays this week and next week. Mop-up clinics will be provided at Health Center #5 on Saturday November 16 and at Tom Waddell Clinic to the end of December.

- Tuberculosis Alert: The October issue of the Epidemiologic Bulletin is on Tuberculosis. It includes an alert message and recommendations for the prevention of TB.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- AIRS Investigation: The San Francisco Weekly recently published an article about the relationship between one of our local mental health contractors, Adolescent Intensive Residential Services (AIRS) and the Department of Social Services. The AIRS Program, which provides sub-acute residential services to seriously emotionally disturbed adolescents, is a program of California Pacific Medical Center funded through DMSF, DSS, SFUSD, and Juvenile Probation. It provides intensive 24-hour care residential care in the community which prevents hospitalization or institutional care. Allegations by a DSS employee have raised questions about appropriate placement and billing procedures.

  Child, Adolescent and Family Section of DMSF conducted an investigation in September which found that all admissions either went through the Interagency Sub-Acute Screening Committee or were approved by Mental Health. California Community Care Licensing is investigating to confirm that the Interagency Sub-Acute Screening Committee, comprised of representatives from each of the funding agencies, is adequately defining this level of care. DSS has requested independent investigations from the State and the City Controller.

- BAART Methadone Clinic: Staff have met with Police officials at Southern Station and with the Executive Committee of the UN Plaza Association Both Police and this Merchants Association remain opposed to the location of the BAART Methadone Clinic at 1111 Market Street because they believe the location will serve as a magnet for crime. While they continue their opposition, they are willing to cooperate with the Clinic. Dr. Kletter

has agreed to: 1) establish an Advisory Committee for the Clinic; 2) provide "clinical patrols" of the area 2-3 times a day to determine if their clients are loitering in the area, and 3) review the traffic on Market six months after its opening to determine if the Clinic's presence has contributed to traffic in the area

LEAD POISONING SCREENING AND MANAGEMENT PROGRAM

- Blood Lead Levels in Children: I convened an interdepartmental meeting regarding blood lead levels in children on October 3 with David Gilmore, Executive Director of the San Francisco Housing Authority and Julia Lopez, General Manager of the Department of Social Services along with members of their staffs and DPH staff. The group discussed their respective roles for outreach and education, screening and testing of individuals, testing of sites and abatement, and temporary safe housing.

  As a result of the meeting, an interdepartmental planning group is now meeting regularly to coordinate roles and responsibilities. Each of the departments has taken responsibility for outreach and education. The Housing Authority has notified their tenants, including 2,800 children. DSS will include an informational sheet with the AFDC checks. DPH's Toxics Control Program is assisting with the development of the informational flyer.

  The Toxics Control Program will also provide a workshop for persons involved with lead poisoning and abatement from the DPH, DSS, and Housing Authority in the first week of December.

  An interdepartmental form has been created so each department will be able to track the status of any child who has been found to have high blood lead levels. This collaborative effort will assist in providing an on-going Citywide response and plan to the problem of elevated blood lead levels in children.

  Connelly Bill Signed: On October 11, the Governor signed into law AB 2038, the Childhood Lead Poisoning and Prevention Act of 1991, establishing a comprehensive lead poisoning program to protect children. Blood lead testing will now be available to every California child, between the ages of six months and six years, whose family income is less than 200 percent of the federal poverty level.

- Alemany Housing Project: The Housing Authority has contracted with an environmental contractor to perform additional lead soil sampling at the Alemany Housing site. DPH Toxics will oversee the sampling project and respond to community complaints.

CITY AND COUNTY ORDINANCE ON SEXUAL HARASSMENT

- Distribution of Ordinance to DPH Employees: A copy of the City and County Ordinance on Sexual Harassment was distributed to each DPH employee with their paycheck today. Copies of the amended ordinance were originally distributed in February to managers and supervisors for posting and review by all DPH employees.

  Sexual Harassment Training Workshops: The DPH EEO Unit has increased its training activities to include a yearly schedule of sexual harassment workshops for managers, supervisors and line staff. The workshops are designed to educate and train department personnel on how to recognize sexual harassment, what to do once it is detected, and what steps to take to prevent it from occurring again in the future.

Upon completion of this workshop, participants should be able to identify sexually harassing behavior, describe methods of handling sexual harassment and the harasser, and list ways of preventing sexual harassment in the workplace.

The EEO Unit has developed written investigative guidelines that will assist managers in handling sexual harassment complaints.

EAST BAY FIRE

- DPH Employees Affected by the Fire: It appears that the homes of six DPH employees were destroyed by the recent fire in the East Bay. Another 20 or 30 employees were evacuated from the area but their homes did not receive significant damage. Many others provided temporary housing for those displaced by the fires.

  The Department's Employee Assistance Program and Mental Health staff quickly responded with stress related services, including crisis debriefing for DPH and other City employees affected by the conflagration.

  All of us in the Department express our concern and sympathy for those whose lives have been so disrupted in the aftermath of the fire.

OCTOBER STATISTICS

- AIDS Statistics (from 7/1/81 to 10/30/91):

Total San Francisco cases:	11,384
Total San Francisco deaths:	7,987
Total S.F. cases for October:	170
Total S.F. deaths for October:	140

- Laguna Honda Hospital

Average Daily Census:	1,078
Acute Med/Surg:	3
Acute Rehab:	2
Clarendon Hall:	161
AIDS SNF:	9

- Mental Health

SFGH/Acute Psychiatric Beds:	79
(30 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	0

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
Health Center #1	2,581	960	3,541
Health Center #2	568	315	883
Health Center #3	1,162	496	1,658
Health Center #4	1,331	1,135	2,466
Health Center #5	1,106	415	1,521
Tom Waddell Clinic	1,195	2,249	3,444
Potrero Hill H.C.	492	559	1,051
Southeast H. C.	176	891	1,067
Youth Guidance Ctr. (incl. SPY, LSYC, L. Cabin, H. House)	7,957	923	8,880
TOTAL 16,568	7,943	24,511	

Disease Control	
TB Clinic	2,357
City Clinic	2,244

Commissioner Gray inquired as to how many cases of sexual harassment in the Department of Public Health have been submitted. Rafael Centeno reported that in FY 1990-91, 15 cases have been submitted.

5) PRESENTATION OF ANNUAL AFFIRMATIVE ACTION REPORT

Dr. Baxter introduced Rafael Centeno, Director of the Equal Employment Opportunity Unit, and reported that each Division will have its own plan in addressing any deficiencies. Mr. Centeno introduced his staff:

Richard Turner - liaison to LHH
Claire Nakasue - liaison to SFGH
Sam Schindler - liaison to CPHS
Arla Escontrias - (not present) liaison to DMSF

Mr. Centeno provided an 18-page update on affirmative action from a Department-wide and Divisional basis and also focussed on the Administrators and Professionals occupational categories.

Highlights of the Affirmative Action Status Report:

Overall Department

Department-wide Representation 1989/90/91

	White	African Amer.	Hisp.	Asian	Fil.	Amer. Ind.	Male	Female	Total
6/30/89	1709	978	550	715	1145	10	1752	3354	5106
	33 5%	19.8%	10.8%	14.0%	22.4%	0.2%	34.3%	65.6%	100%
6/30/90	1858	1057	633	814	1317	14	1984	3709	5693
	32.6%	18.6%	11.1%	14.3%	23.1%	0.2%	34.8%	65.2%	100%
6/30/91	1945	1011	658	843	1386	12	2019	3837	5855
	33.2%	17.3%	11.2%	14.4%	23.7%	0.2%	34.5%	65.5%	100%
*	57.5%	9.9%	11.2%	15 3%	5.4%	0.4%	54.8%	45.2%	100%

*San Francisco general labor market availability, per 1980 census.

Administrators

Narrowing the Affirmative Action picture to the specific occupational category of administrators, all minority groups as of June 30, 1991 have achieved at least 91% of their respective local labor market goal on a department-wide level.

The overall positive picture of DPH-wide minority administrators is further illustrated by a 63% minority representation among the department's eight (8) highest level administrative posts.

New Employments

Protected Group	% of DPH New Hires for FY 1990-91	SF General Labor Market Availability
African Americans	14% (95)	9.9%
Hispanics	15% (103)	11.2%
Asians	12% (80)	15.3%
Filipinos	15% (101)	5.4%
American Indians	0% (0)	.4%
Women	69% (462)	45.2%

Affirmative Action Gains

Thirty-nine (39) percent (162) of all minority hires (379) were made in job classifications where women and minorities are underrepresented. These Affirmative Action hires represent 24% of all DPH-wide hires.

The following points are worth noting:

- 65% (104) of total Affirmative Action hires were made in the professional job grouping
- 20% of all SFGH hires were Affirmative Action hires
- 21% of all LHH hires were Affirmative Action hires
- 34% of all new hires in CPHS/CO were Affirmative Action hires
- 30% of all new hires in DMSF were Affirmative Action hires

The EEO Unit also coordinates the following areas:

- Sexual Harassment and EEO Affirmative Action Training
- Upward Mobility Training
- Employment of Severely Disabled and Americans with Disabilities Act
- Bilingual Services
- Discriminination Complaint Mediation and Diversity Training Efforts

Recommendations for Problem Areas

- The need at SFGH to institute a minority mentoring or fellowship program to enhance the number of Hispanic and Asian administrators at the hospital.

- The need at Laguna Honda Hospital to establish a diversity enhancement committee that studies and develops action plans for addressing such issues as the absence of a Hispanic administrator at the hospital, and increasing the number of Hispanics and Asians in the hospital's workforce so that it more closely matches the current utilization levels for African Americans and Filipinos.

- The need in CMHS to designate a small committee of DPH minority Mental Health professionals to work collaboratively with DPH-EEO staff and the African American community to enhance the number of African American Mental Health professionals.

- The need at each division level to establish retention committees to study the problem of staff turnover, particularly minorities, in professional job classifications.

- The need for DPH to work more closely with local community college allied health programs to enhance Hispanic and Asian enrollment in these programs.

Ways to address these problem areas have been discussed and accepted by the respective division heads.

Commissionners' Comments:

President Sanchez pointed out that the figures presented are based on the 1980 census. The 1990 census figures will show that Asians and Hispanics are underrepresented in the Department of Public Health. He encouraged the Commission to take more leadership in this area and requested the Department to keep the Commission informed about vacant administrative positions. He observed that there is progress in the professional area but sees improvement needed in the administrator category, especially for Hispanics at Laguna Honda Hospital.

Commissioner Chow inquired as to when the Department will be using the 1990 census data and be incorporating this new information into the Department goals. Mr. Centeno responded that it will be the early part of next year.

Commissioner Gray pointed out that there are no African American District Health Officers in the Department. She also expressed concern about the difficulties at the STD Clinic and wanted to know what outcomes are expected from the outside consultant's sessions with STD Clinic staff. Mr. Centeno responded that outcomes would include better working relationships and understanding among staff.

Commissioner Rosenstiel, on the issue of minority retention after hiring, raised whether persons leave due to working conditions or due to better job offers outside the Department.

Commissioner Kaufman commented that many times minority administrators are not given help or support in their jobs.

Dr. Baxter pointed out several areas of his concern:

- Need to look at the Department's professional ranks to groom for administrator positions.

- Need to understand the causes for turnover of minorities; there are problems in retention after hiring.

- There is not adequate mentoring within the Department.

President Sanchez pointed out that it is early in the administration of our Director of Health; and that Dr. Baxter has hired minorities in the executive level of his staff. The Commission will work with Dr. Baxter.

6) **CONSIDERATION OF AN APPEAL BY A CITY EMPLOYEE OF A DENIAL OF THE DETERMINATION FOR CATASTROPHIC ILLNESS STATUS PURSUANT TO SECTION 16.9-29 OF THE SAN FRANCISCO ADMINISTRATIVE CODE**

Ed Gazzano, Department of Public Health Personnel Director, presented the history and development of the Catastrophic Illness Ordinance. Today's request for an appeal to the Health Commission on the denial of an application for catastrophic illness status is from Dave Pierce, 5272 Assistant Landscape Architect, Department of Public Works.

Mr. Gazzano reported the application process:

Mr. Pierce submitted his application on September 16, 1991. The application was denied based on Mr. Pierce's physician's certification that he is currently able to work. Paragraph B of the Catastrophic Illness Ordinance defines a catastrophic illness as a life-threatening illness or injury which prevents an employee from returning to work for at least 30 days.

Mr. Pierce appealed this denial on October 9, 1991 to Raymond J. Baxter, Ph.D., Director of Health. On October 17, 1991 Dr. Baxter denied the appeal based on the definition of a catastrophic illness contained in the ordinance.

In accordance with the Catastrophic Illness Ordinance, Mr. Pierce now appeals the Health Director's denial to the Health Commission.

Staff recommends that, after a hearing before the Health Commission, the Commission deny the application and advise Mr. Pierce that he may reapply for catastrophic illness status once his physician is able to certify that he cannot work due to his illness for a period of at least 30 days.

Mr. Pierce delivered his written testimony and indicated that while he recognizes with the current ordinance the Health Commission would have to deny his appeal, he wants to make the Commission aware of his situation. His situation points out that it is the period before being unable to work and out of work for 30 days when sick leave transfer benefits could be most useful to the employee.

Commissioner Ludington encouraged Mr. Pierce to make an appointment with Paula Jesson, Deputy City Attorney, to be advised as to how an individual can apply pressure in amending the ordinance. Commissioner Ludington, who serves on the Task Force on Transfer Benefits as the Health Commissioner, will bring Mr. Pierce's concerns to the Task Force on Transfer Benefits.

Action Taken: The Commission denied the appeal on the basis of the rules of the current ordinance, with the expression that the Commission does not feel comfortable with this.

Ayes - Commissioners Sanchez, Chow, Gray, Kaufman, Ludington, Rosenstiel.

The Commission requested a letter expressing its concerns be submitted to the Task Force on Transfer Benefits.

7) OTHER BUSINESS/PUBLIC COMMENTS

President Sanchez announced a fund-raiser of the Women's Cancer Network, a coalition of San Francisco Department of Public Health, the American Cancer Society, University of California at San Francisco, San Francisco General Hospital, Department of Public Health Senior Health Services, and participating clinics.

This event will take place Friday, November 8, 1991 from 6:30 to 8:30 p.m. at Fort Mason Center Conference Hall, Building A. A $40.00 donation will provide a mammogram for a low income, uninsured woman.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

(Address Correction Requested)

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Naomi T. Gray, M.S.W., A.C.S.W.
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Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
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AGENDA
HEALTH COMMISSION
Tuesday, November 19, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 5, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) CPHS - Family Health - Request to accept and expend a grant continuation in the amount of $358,922, from the California Family Planning Council, for the period of January 1, 1992 through December 31, 1992, to provide services of family planning and pregnancy testing.

(3.2) CPHS - Family Health - Request to accept and expend a new grant in the amount of $321,178, from the Centers for Disease Control, for the period of September 30, 1991 through September 29, 1996, to provide funding for a clinical demonstration project regarding family planning and HIV services to women.

(3.3) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $770,248, from the Centers for Disease Control, for the period of September 30, 1991 through September 29, 1996, to provide funding for a community-level behavioral research and intervention project designed to prevent HIV infection in women and infants.

(3.4) DMSF - CSAS - Renewal agreement and Board of Supervisors resolution authorizing agreement between the State of California, Department of Rehabilitation and the City and County of San Francisco, Department of Public Health, CSAS acting as contractor in the amount of $44,235, to provide vocational rehabilitation services to persons in San Francisco who are either receiving, or require referral to, substance abuse treatment services for the period of July 1, 1991 through June 30, 1992.

(3.5) CO - AIDS - Renewal contract with California Pacific Medical Center, Visiting Nurses and Hospice of San Francisco (CPMC/VNH) in the amount of $140,410, to provide AIDS Intermittent skilled homecare services persons with AIDS in the Pilot Care Program for the period of July 1, 1991 through June 30, 1992.

(3.6) CO - AIDS - Renewal contract with California Pacific Medical Center - Operation Concern in the amount of $63,016, to provide HIV/AIDS prevention and education services for the period of July 1, 1991 through June 30, 1992.(The DPH contracted with PPMC for services totaling, $11,458,848 in FY 90-91)

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

5) CONSIDERATION OF A REQUEST FROM THE OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER TO THE DEPARTMENT OF PUBLIC HEALTH IN IMPLEMENTING THE SAN FRANCISCO COUNTY HAZARDOUS WASTE MANAGEMENT PLAN

6) CONSIDERATION OF AN AMENDMENT TO HEALTH COMMISSION RESOLUTION #24-91 (FORMATION OF THE WOMEN'S HEALTH COMMITTEE, AN ADVISORY BODY TO THE DEPARTMENT OF PUBLIC HEALTH)

7) OTHER BUSINESS/PUBLIC COMMENTS

8) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9 (a), "PENDING LITIGATION", CONSIDERATION OF CLAIM OF DELLA FEELY AND FERGUS FEELY V. CITY AND COUNTY OF SAN FRANCISCO ET AL, SUPERIOR COURT NO. 900-424 IN THE AMOUNT OF $16,875

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

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Director of Public Health

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TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 19, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Patricia R. Underwood, R.N, D.N.Sc., at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Paul Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 5, 1991

Action Taken: The Commission adopted the minutes of November 5, 1991, with the correction of Commissioner Chow chairing the Budget Committee for Commissioner Rosenstiel.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Edward A. Chow, M.D.)

Commissioner Chow requested Department staff to be present on time, or the items will be deferred to a future meeting.

(3.1) CPHS - Family Health - Request to accept and expend a grant continuation in the amount of $358,922, from the California Family Planning Council, for the period of January 1, 1992 through December 31, 1992, to provide services of family planning and pregnancy testing.

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Commissioner Ludington commented positively on the progress of California Pacific Medical Center on its Board composition but would like to see further improvement on the diversity of its Board.

Commissioner Chow reminded staff of indicating the contractor's progress in complying with the Commission's policy on Board/staff composition and that the most updated information is needed.

(3.6) CO - AIDS - Renewal contract with California Pacific Medical Center - Operation Concern in the amount of $63,016, to provide HIV/AIDS prevention and education services for the period of July 1, 1991 through June 30, 1992. (The DPH contracted with PPMC for services totaling $11,458,848 in FY 1990-91).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

PROPOSITION A

- Early Retirement Incentive: The Health Department is assessing the impact on health care services, including critical quality assurance functions, of DPH employees electing to take advantage of the Prop A early service retirement incentive. Under the early retirement provisions, employees would retire after February 1, 1992 and before March 31, 1992. The legislation requires that 500 or 50% (whichever is greater) of the City positions vacated by early retirement be abolished. Although many of the positions in the Health Department will be exempt from deletion under the Prop A criteria, payment of vested sick leave and vacation credit and the time required to fill newly vacant positions will impact on the Department's ability to deliver services. Between 900 and 1000 DPH employees may be eligible for early service retirement.

- Mayor's Hiring Freeze: On November 8, the Mayor ordered an immediate freeze on all non-critical city positions in anticipation of the implementation of Prop A and positions that will have to be abolished.

No personnel requisitions will be approved by the Mayor's Office unless the position meets the following criteria: 1) Hiring required by court order, consent decree, MOU, state or federal law, or other legal requirement; 2) Generates revenue or savings equal to or greater than the cost of filling the position; 3) Employee is critical to the function of the department or provision of services critical to the health or safety of the public.

AIDS OFFICE

- HIV Antibody Testing/Impact of Magic Johnson Announcement: Requests for anonymous testing have increased 35-50% at San Francisco ATS sites since basketball star Magic Johnson announced he had acquired HIV infection via unprotected heterosexual activity. Prior to this announcement an average of approximately 2000 HIV antibody tests were requested per month. The State Office of AIDS reimburses by test and has notified the Department that funding will be made available to keep up with this unanticipated increase in demand for this screening program. The AIDS Office will continue to monitor utilization on a weekly basis and is prepared to analyze the short and long term effect of Mr. Johnson's courageous public disclosure.

  HIV antibody testing is currently available at six Alternative/Anonymous Testing Sites which include: Health Center #1, Health Center #2, City Clinic (including community programs at Glide Methodist Church and Southeast Health Center), Mission Neighborhood Health Center, South of Market Clinic, and St. Anthony's Clinic. In addition, confidential testing is available at SFGH, Health Centers #1-5, Tom Waddell Clinic, Potrero Hill and Southeast Health Centers, T.B. Clinic, City Clinic, and Bayview Hunter's Point Foundation, as well as from private clinician offices.

  In addition to the increase in utilization of ATS programs, there has been a dramatic increase in the utilization of the local AIDS Hotline service. The hotline usually gets approximately 200 calls/day. Since Magic's announcement, the average number of calls is approximately 1000 calls/day or 5 times the usual service. Of these calls, approximately 60% of all callers are women. The most common information being requested is information about latency of HIV infection after a given exposure, and information regarding relative risk of various sexual practices.

- AIDS Prevention/Youth Campaign: Yesterday, I participated in an AIDS Foundation press conference to launch a comprehensive AIDS prevention and education program for gay and bisexual youth of all colors. The campaign is based on the compelling findings to two recent DPH surveys that indicated high risk behaviors among young gay men and Latino, African American and Filipino gay males. The surveys indicated that while knowledge of AIDS is good and HIV testing is increasing, youth behavior is not changing toward safe sex. The campaign will refocus existing prevention funds toward high-risk, needy populations with targeted prevention messages.

- Update on the State AIDS Drug Program Expansion: The State Office of AIDS announced the addition of eleven new HIV-related drugs to the AIDS Drug Program. These new drugs will become available in two phases. Effective immediately will be the addition of the recently FDA-approved antiretroviral agent DDI, as well as PCP prophylactic agents dapsone and septra. Other drugs added in this first phase include pyrimethamine,

sulfadiazine, clindamycin, gancyclovir, and nystatin. Beginning April 1, 1992, the antifungal agents clotrimazole, ketoconazole, and fluconazole will also become available under the program.

Individuals eligible for the AIDS Drug Program (ADP) include HIV-infected individuals who have a maximum adjusted gross income of no more than $50,000/year and are not enrolled in Medi-Cal or a private health insurance plan. A copayment is required for individuals whose income is more than 400% of the federal poverty level. Currently fewer than 1% of enrolled clients in San Francisco's ADP are required to make a copayment. Clinical eligibility, and requirements for documentation of this eligibility, for the newly added drugs have not yet been delineated by the State Office of AIDS although clinical algorithms are under development for this purpose.

This drug expansion may represent an important new source of revenue for the SFGH pharmacy in terms of eligible patients who are currently receiving drugs in the public health care delivery system. The cost of these drugs has, to date, been borne by the general fund budget of the SFGH pharmacy, which has been tremendously impacted by the high volume of HIV-infected patients who have no source of compensation for HIV-related drugs. Revenue estimates for drug reimbursement from the ADP for current DPH patients are $300,000/year with this expansion.

However, another anticipated impact of the ADP expansion will be the further operational and administrative workload that will accompany this expansion. Administrative and operational costs continue to be uncompensated by the ADP. It is unclear to what extent the expansion will affect actual new prescription volume, although some increase is likely and will be extremely difficult to accommodate at the SFGH pharmacy.

The Department is currently investigating the programmatic and financial feasibility of decentralizing the drug distribution component of the program. The expansion of the ADP makes this investigation urgent. Decentralization should enhance accessibility of the drugs by eligible patients as well as decompress the tremendous congestion at the SFGH pharmacy.

SAN FRANCISCO GENERAL HOSPITAL

- New Telephone System: The hospital's new telephone system is being installed and the cutover to the new switch will occur on Friday evening, December 6. This system will have new features that are not currently available and will still result in a cost savings to SFGH. This system will enable future growth in both computer capabilities and installing overhead paging systems.

  All prefixes will change from 821 to 206 with the same extension numbers. The main hospital number will change from 821-8200 to 206-8000. An electronic referral system will assure that calls to the hospital will be referred automatically to the old numbers during the switchover period. Hands-on training classes on the new features are now being provided to all hospital employees.

LAGUNA HONDA HOSPITAL

- Committee for Patient Cultural and Ethnic Diversity. Executive Administrator, Anthony Wagner, recently appointed Assistant Administrator, Dennis Sato, to chair a committee to review and assess the needs of the

diverse ethnic and cultural population of the residents of Laguna Honda Hospital. The committee, composed of LHH staff as well as CPHS Director of Senior Services and the Executive Director of On Lok Senior Health Services, will make recommendations to the Executive Committee of the Hospital on approaches to address the needs of the unique cultural and ethnic needs of the residents. The committee will interview residents and families of residents in assessing the needs of the hospital's population.

- ABC News Report: Laguna Honda was featured on November 15 in the Channel 7 News 5 o'clock segment on the reduced use of restraints in skilled nursing facilities. Assistant Director of Nursing, Sheila Kenny R.N. was featured.

- East Bay Hills Fire: Mr. Wagner designated Monday, October 28 as "Alicia Fortaleza Day" at Laguna Honda Hospital and encouraged employees to assist Ms. Fortaleza, Assistant Director of Nursing, who lost her home in the East Bay fire. Mr. Wagner reports the response for Ms. Fortaleza, the only LHH employee to lose her home, was most remarkable and generous.

COMMUNITY PUBLIC HEALTH SERVICES

- Hepatitis A: Dr. Frances Taylor, Director of Epidemiology & Disease Control and Acting Health Officer, reports a 36% increase in the number of reported hepatitis A cases to date, comparing 1991 with 1989 or 1990. The increase began mid-September with a dramatic increase in recent weeks. In the three weeks ending November 12, 52 cases were reported compared to 21 cases in 1990, and 17 in 1989 during the same three week period.

  Dr. Taylor and I will present a more detailed report on this increase, including Department recommendations, at the next meeting of the Health Commission.

- Parental Notification/Abortions for Minors: The trial challenging the constitutionality of AB 2274, enacted in 1987, was held in San Francisco Superior Court in October. AB 2274 would require either parental consent or a Juvenile Court order for an unemancipated minor to obtain an abortion in California. A decision is not expected before March or April 1992 and any appeals would go to the California Court of Appeals. It is expected that the current injunction, filed by Planned Parenthood, Adolescent Rights Group, and others, against requiring parental notification for abortions sought by minors will remain in effect throughout this period.

- Lean to Health Media Activities: A 40 minute nutrition program on Lowfat Chinese Cuisine will be aired on Channel 38 on November 16 at 8-9 pm and November 18 at 7:30-8:30 am. This nutrition program features the hidden fat in Chinese food, tips on shopping lean, cooking lean and dining lean. Culinary expert Martin Yan demonstrates new ways of lowfat cooking and Catherine Wong, Public Health Nutritionist, will discuss lowfat food choices in the supermarket.

  As part of California Project Lean (Lowfat Eating for America Now), Ms. Wong has worked with Dr. Nancy Snyderman and Channel 5 to produce 4 lowfat nutrition segments for broadcast on October 30, November 6, 13, and 20 on the evening news. As part of the campaign, brochures on hidden fat in food and tips on shopping lean, cooking lean, and dining lean will be available in all Northern California Safeway stores.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Mental Health Realignment: Mental Health has received the State's final draft of the new Performance Contract required by the realignment legislation. The contract replaces the annual county Short Doyle Plan. Mental health staff are reviewing the contract and will continue to work with the Greater Bay Area Counties to finalize the process for its completion. The State has not set a date for submission. The Performance Contract will be forwarded to the Health Commission for review before submission to the State.

  Mental Health completed reviews of S.F. Napa patients in preparation for meeting the January 1, 1992 deadline for notifying the State on the number of Napa beds SF requires for 1992-93. As required in the legislation, skilled nursing facilities (IMD) were notified by November 1 that the current level of allocated IMD services will be maintained for next year.

  DMSF will continue to review clients in all levels of care using protocols developed jointly by DMSF, contract agencies, and Department of Psychiatry SFGH, to assist in determining further changes in the service system to meet DMSF goals. The Division is proceeding with changes outlined in this year's budget plan which calls for consolidation of a number of services and clinics, and reorganization of administrative functions.

AB 75 TOBACCO TAX

- Status of FY 91-92 CHIP Hospital Allocations: The State Department of Health Services (DHS) has informed the County that the hospital services amounts in the recently released FY 91-92 CHIP allocation tables are incorrect. DHS currently does not know the magnitude of its error and anticipates distribution of revised tables by a target date of November 21.

  The original CHIP hospital allocation tables gave SF County $8.5 mil, of which $7.2 mil was allocated for county hospital services and $1.3 mil was allocated for non-county hospital services. It is anticipated there will a shift in the county hospital allocations from the county to the non-county hospitals, resulting in a shortfall of projected CHIP revenues at SFGH.

BUREAU OF TOXICS, HEALTH & SAFETY SERVICES

- Hazardous Materials Program: The Bureau recently provided 60 member of the San Francisco Fire Department Hazardous Materials (HazMat) Emergency Response Team with 24 hours of refresher training. The HazMat Team is composed of member of the Fire Department and Bureau Staff who respond to chemical emergencies. In addition, the Bureau arranged for Incident Command Training of the Fire Department Chief Officers for hazardous materials incidents. It has provided 200 hour initial training for seven members of the HazMat Team. The Bureau has also trained the Paramedic and Fire Department training staff to provide First Responder Training for their staffs.

- Office of Safety and Health: At the request of the Mayor's Small Business Advisory Commission, the Office of Safety and Health Program Manager gave two presentations on the requirements of an effective injury and illness prevention program, as mandated by SB 198. The first presentation for the Chinese Chamber of Commerce and independent Chinese merchants received tremendous media coverage. The event was shown on Channels 26, 38 and 66 and also was covered by four Chinese language newspapers. The second presentation was given at the Council of Asian American Business Associations' dinner meeting.

PRESIDIO

- National Park Service: A Presidio Concepts Workbook developed by the Golden Gate National Area Park Service explores four different themes for the Presidio:

  - Preservation and Exploration
  - Environmental Living and Learning
  - Cultural Crossroads
  - Recreation and Renewal

  City departments have provided comments to the National Park Service on the transition of the Presidio from the Army. The Health Department provided information and comments on the City and County's recommendations on the scope of the draft General Management Plan and Environmental Impact Statement in the following areas: emergency medical services, hazardous materials and waste management, natural resources/water. I am serving on the health advisory committee to the Presidio Planning Council and intend to discuss DPH's interest in long term care. A draft of the concepts workbook is on file in the Health Commission's Office. All Commissioners will receive a copy of the final workbook.

  The City's recommendations will be presented to the Planning Commission, the lead agency for the City and County, in December. The Golden Gate National Recreational Area Advisory Commission will hold public hearings in January 1992.

OCTOBER STATISTICS

- San Francisco General Hospital

  Inpatient

Average Daily Census	(except newborns):	323
	Newborn Nursery:	23
Actual Patient Days	(except newborns):	9,693
	Newborn Nursery:	689
Admissions	(except newborns):	1,489
	Newborn Nursery:	163
Average Length of Stay	(except newborns):	6
	Newborn Nursery:	4
Discharge Patient Days	(except newborns):	9.338
	Newborn Nursery:	689
Discharges	(except newborns):	1,478
	Newborn Nursery:	176

  Outpatient Visits

Primary Health	
Family Health:	2,945
General Medicine:	1,586
Pediatric:	2,921
OB/GYN:	2,189
Specialty Clinics	18,811

  Emergency Room Visits

Psychiatric Emergency Services: (no diversions)	454

Dr. Baxter reported that Congress upheld President Bush's veto of legislation that would have blocked an administration ban on abortion counseling at family planning clinics receiving Federal funds. Dr. Baxter will be leaving today's meeting to participate in a press conference on this issue.

5) **CONSIDERATION OF A REQUEST FROM THE OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER TO THE DEPARTMENT OF PUBLIC HEALTH IN IMPLEMENTING THE SAN FRANCISCO COUNTY HAZARDOUS WASTE MANAGEMENT PLAN**

Dr. Larry Meredith introduced Bill Quan, representing Joseph Johnson, the Solid Waste Management Director for the Chief Administrator's Office (CAO), who described the planning process which had extensive public participation over the past 4 years.

The Executive Summary of the San Francisco County Hazardous Waste Management Plan is available through the Commission Office (554-2666).

Scott Nakamura, Hazardous Waste Program Manager, reviewed the resource requirements for each action component in Phases I, II and III of the Management Plan. He also pointed out the projected costs as follows:

Phase	Funding Required	Staffing Requirements (FTE) One Time	Ongoing	Total
Phase I (1991-1992)	$1,220,000	0	12.0	12.0
Phase II (1993-1995)	$3,427,500	1.75	44.0	45.75
Phase III (1996-2000)	$3,472,500	0.5	38.75	39.25

Public Speaker: Neil Gendel, Hazardous Materials Advisory Committee

Commission Concerns:

a) What are the consequences of not funding this plan?

b) Under AB 2948 (Tanner, 1986), what are the absolute requirements of the City and County of San Francisco?

c) Which parts of the plan are already being implemented by the Department?

d) It is important to make clear to the Board of Supervisors what this plan is; the plan is an attempt to address AB 2948 and represents a piece of the overall management of hazardous waste in the City and County of San Francisco.

e) There may be a difference between what the community wants and what AB 2948 requires.

Action Taken: The Commission adopted Resolution #26-91, (Attachment A).

Vice President Underwood reiterated that the adoption of this resolution does not commit the Commission to endorse any funding or priorities for funding this plan, given the information presented today. The Commission supports the plan but has a responsibility to weigh out the funding priorities of the total public health needs in the City and County of San Francisco before making any funding commitments to implement the plan.

6) **CONSIDERATION OF AN AMENDMENT TO HEALTH COMMISSION RESOLUTION #24-91 (FORMATION OF THE WOMEN'S HEALTH COMMITTEE, AN ADVISORY BODY TO THE DEPARTMENT OF PUBLIC HEALTH)**

Commissioner Kaufman reported the criteria for membership to the Department of Public Health's Women's Health Committee, which will be appointed by Raymond J. Baxter, Ph.D., Director of Public Health.

Action Taken: The Commission adopted amended Resolution #24-91 (Attachment B), with the attached criteria for membership.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Public Comment: Emperor Arcadia

Other Business:

Commissioner Chow requested the Commission to add to the Agenda, as an emergency, a resolution commending the Irwin Memorial Blood Centers for 50 years of service. This came to the Commission after the Agenda was sent out; and the timing of this event is such that this resolution needs to be considered today.

Action Taken: The Commission voted to add the consideration of this resolution to the Agenda.

Action Taken: The Commission adopted Resolution #25-91, Attachment C).

The Commission went into Executive Session at 4:20 p.m. and came out at 4:35 p.m.

8) **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9 (a), "PENDING LITIGATION", CONSIDERATION OF CLAIM OF DELLA FEELY AND FERGUS FEELY V. CITY AND COUNTY OF SAN FRANCISCO ET AL, SUPERIOR COURT NO. 900-424 IN THE AMOUNT OF $16,875**

Action Taken: The Commission approved the claim, Superior Court No. 900-424, in the amount of $16,875.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 26-91

RESOLUTION FOR COUNTY HAZARDOUS WASTE MANAGEMENT PLAN

WHEREAS, the Health Commission has reviewed the County Hazardous Waste Management Plan authorized under AB 2948 (Tanner, 1986),; and,

WHEREAS, the Plan requires specific actions for the Department of Public Health which expands existing services or develops new programs; and,

WHEREAS, the Health Commission supports the progressive policies and programs to more effectively manage hazardous materials and wastes within San Francisco as outlined in the County Hazardous Waste Management Plan; and,

WHEREAS, the budget of the Department of Public Health generally, and the Bureau of Toxics Health and Safety in particular, includes no programs or available revenues to implement specific actions called for in the County Hazardous Waste Management Plan, now, therefore, be it

RESOLVED, that the Health Commission declares that additional funding support will be required to implement program activities detailed in the County Hazardous Waste Management Plan.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, November 19, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 24-91

AS AMENDED BY THE HEALTH COMMISSION ON NOVEMBER 19, 1991

NOTE: New additions are underlined.

PROPOSED AMENDMENT TO THE
RESOLUTION ON WOMEN'S HEALTH

#2

WHEREAS, in 1987 a report on Women's Health in the City and County of San Francisco was presented to the Health Commission; and in 1991 a report was presented to the Commission on the Status of Women; and,

WHEREAS, the report seeks to provide an overview of the status of women's health care as it exists within the San Francisco public and non-profit health systems; and,

WHEREAS, with the decreasing commitment at the Federal and State levels for health care, the report identifies priorities that will affect the delivery of women's health care in San Francisco by the Department of Public Health and other providers and require careful planning on how health care services to women are delivered; and,

WHEREAS, it is appropriate to have a Women's Health Committee representing the broad and diverse perspectives of women's needs to assist the Department in understanding these needs; therefore, be it

RESOLVED, that the Health Commission requests the Department of Public Health to form a Women's Health Committee to represent the broad and diverse perspectives of women, including women of color, as an on-going advisory body to the Department of Public Health with a Department staff liaison assigned to the Committee; and, be it

FURTHER RESOLVED, that this Advisory Committee report annually.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, November 19, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

DPH WOMEN'S HEALTH COMMITTEE

Committee Membership Criteria/Mix

Services

Reproductive Health
Substance Abuse (alcohol and other drugs)
Forensics
AIDS
Primary Care (chronic/genetic disease, cancer, CFIDS)
Domestsic Violence
Sexual Assault
Homeless
Research
Mental Health

Populations

Older Women
Lesbians
Immigrants/Refugees
Younger Women/Girls
Disabled Women
Latinas
African-Americans
Native Americans
Asians
Filipinas

Additionally

Recipients
Members of Other Women's Coalitions
Members of Funding/Business Communities
Nurses
Medical Experts

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 25-91

RESOLUTION COMMENDING 50 YEARS OF SERVICE
OF IRWIN MEMORIAL BLOOD CENTERS

WHEREAS, the Irwin Memorial Blood Centers are celebrating their 50th anniversary on December 3, 1991; and,

WHEREAS, the Irwin Memorial Blood Centers are the first medically sponsored non-profit community blood banks in the United States, founded by the San Francisco Medical Society, and are a regional asset, serving the people of eight Counties in Northern California, including the people of the City and County of San Francisco; and,

WHEREAS, over two and a half million units of blood have been donated to Irwin Memorial over these fifty years; and,

WHEREAS, the Irwin Memorial Blood Centers have been leaders in innovations in blood banking and on the forefront of research in making blood an even safer product; now, therefore, be it

RESOLVED, that the San Francisco Health Commission congratulates the Irwin Memorial Blood Centers for their fifty years of service to the residents of the County of San Francisco and the seven other neighboring Counties; and, be it

FURTHER RESOLVED, that it encourages continued community support for this important asset.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, November 19, 1991.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment C

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

(Address Correction Requested)

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President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margot F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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AGENDA
HEALTH COMMISSION
Tuesday, December 3, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 19, 1991**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Paul Rosenstiel)

(3.1) First Quarterly Report on FY 1991-92 Department of Public Health Budget.

(3.2) CO - AIDS - Renewal contract with California Pacific Medical Center Visiting Nurses and Hospice of San Francisco (CPMC/VNH) in the amount of $207,670, to provide AIDS Intermittent skilled homecare services persons with AIDS for the period of July 1, 1991 through June 30, 1992. (The DPH contracted with PPMC for services totaling, $7,775,794 and with Children's Hospital for $2,876,922 for a grand total of $10,652,716 in FY 1990-91. The amount of 11.4 million for PPMC identified on calendar of November 19, was in error).

(3.3) CO - AIDS - Renewal contract with Hispanic Headquarters Advertising (formerly Ene Advertising) in the amount of $60,000, as fiscal agent for the Latino Consortium, to provide HIV/AIDS prevention and education services to IV drug users and the general Latino community for the period of July 1, 1991 through June 30, 1992. (The DPH contracted with Hispanic Headquarters Advertising for services totaling $67,078 in FY 1990-91).

(3.4) DMSF - CMHS - Adult Acute - Renewal contract with Community Crisis Services of San Francisco in the amount of $1,161,000, to provide psychiatric emergency outpatient, outreach, and case management services for the period of July 1, 1991 through June 30, 1992. (The DPH contracted with Community Crisis for services totaling $1,576,640 in FY 1990-91).

(3.5) DMSF - CMHS - Child and Family - Renewal contract with Regents of U.C./Center on Deafness, in the amount of $361,846, to provide outpatient, outreach and case management services to deaf individuals and their families for the period of July 1, 1991 through June 30, 1992. (The DPH contracted with UCSF for services totaling $6,565,080 in FY 1990-91).

(3.6) DMSF - CMHS - BAOS - First modification to the FY 1990-91 contract with PSP Information Group, Inc. in the amount of $45,000, extending the term of the contract, to provide analytical and programming support services for Substance Abuse Data Processing Systems for the period of July 1, 1991 through December 31, 1991. (This extends the term of the FY 1990-91 contract of $90,000 by carrying forward $45,000 of unexpended funds).

(3.7) CPHS - STD Control - Renewal contract with Glide Foundation in the amount of $70,456, to provide street outreach and data collection for the period of January 1, 1992 through December 31, 1992. (The DPH contracted with Glide for services totaling $75,000 in FY 1990-91).

(3.8) CPHS - STD Control - Renewal contract with Bayview Hunter's Point Foundation in the amount of $65,000, to provide street outreach and data collection for the period of January 1, 1992 through December 31, 1992. (The DPH contracted with BVHP - Foundation for services totaling $7,259,219 in FY 1990-91).

(3.9) Consideration of a multiyear contract renewal for the California Children's Home, Inc. to provide residential care services to crack-cocaine addicted pregnant women in the amount of $120,750 from July 1, 1991 to June 30, 1992.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **UPDATE FROM THE MEDICAL PSYCHIATRIC TASK FORCE**

6) **PUBLIC HEARING ON DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE ACTION PLAN FOR FISCAL YEARS 1991-93**

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, December 3, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Pierre R. Ludington

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 19, 1991

Action Taken: The Commission adopted the minutes of the regular meeting of November 19, 1991.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Paul Rosenstiel)

(3.1) First Quarterly Report on FY 1991-92 Department of Public Health Budget.

See Attachments A and B submitted by Susan Ehrlich, Budget and Planning Director.

Commissioners Rosenstiel and Chow requested Department of Public Health staff to re-look at pursuing fees from developers for toxic clean-up services similar to Department of Public Health's practice in pursuing private patient payees.

(3.2) CO - AIDS - Renewal contract with California Pacific Medical Center Visiting Nurses and Hospice of San Francisco (CPMC/VNH) in the amount of $207,670, to provide AIDS Intermittent skilled homecare services persons with AIDS for the period of July 1, 1991 through June 30, 1992. (The DPH contracted with PPMC for services totaling, $7,775,794 and with Children's Hospital for $2,876,922 for a grand total of $10,652,716 in FY 1990-91. The amount of 11.4 million for PPMC identified on calendar of November 19, was in error).

Jimmy Loyce, AIDS Office, reported that the contractor is in compliance with financial reporting requirements of the Department.

(3.3) CO - AIDS - Renewal contract with Hispanic Headquarters Advertising (formerly Ene Advertising) in the amount of $60,000, as fiscal agent for the Latino Consortium, to provide HIV/AIDS prevention and education services to IV drug users and the general Latino community for the period of July 1, 1991 through June 30, 1992. (The DPH contracted with Hispanic Headquarters Advertising for services totaling $67,078 in FY 1990-91).

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(3.5) DMSF - CMHS - Child and Family - Renewal contract with Regents of U.C./Center on Deafness, in the amount of $361,846, to provide outpatient, outreach and case management services to deaf individuals and their families for the period of July 1, 1991 through June 30, 1992. (The DPH contracted with UCSF for services totaling $6,565,080 in FY 1990-91).

(3.6) DMSF - CMHS - BAOS - First modification to the FY 1990-91 contract with PSP Information Group, Inc. in the amount of $45,000, extending the term of the contract, to provide analytical and programming support services for Substance Abuse Data Processing Systems for the period of July 1, 1991 through December 31, 1991. (This extends the term of the FY 1990-91 contract of $90,000 by carrying forward $45,000 of unexpended funds).

(3.7) CPHS - STD Control - Renewal contract with Glide Foundation in the amount of $70,456, to provide street outreach and data collection for the period of January 1, 1992 through December 31, 1992. (The DPH contracted with Glide for services totaling $75,000 in FY 1990-91).

Dr. Oliva reported that data collected from this project will be provided to the Commission.

(3.8) CPHS - STD Control - Renewal contract with Bayview Hunter's Point Foundation in the amount of $65,000, to provide street outreach and data collection for the period of January 1, 1992 through December 31, 1992. (The DPH contracted with BVHP - Foundation for services totaling $7,259,219 in FY 1990-91).

(3.9) Consideration of a multiyear contract renewal for the California Children's Home, Inc. to provide residential care services to crack-cocaine addicted pregnant women in the amount of $120,750 from July 1, 1991 to June 30, 1992.

Flo Stroud, Acting DMSF Director, recommended to continue this item to the December 17, 1991 agenda because by then the requested audit would be available; and, after consulting with the Executive Director of the agency, this continuance would not be a problem for the agency.

Commissioner Gray expressed her concern on holding up this contract approval and questioned the kind of technical assistance given to the contractor.

Commissioner Kaufman requested the evaluation (to be done by the Department by January 1992) of the contract with Hispanic Headquarters (#3.3).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.9 which was continued to the December 17, 1991 agenda.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

AIDS OFFICE

- Update on CDC Proposed Revision of the AIDS Case Definition: The CDC has released a draft of the revised classification system for HIV infection and expanded AIDS surveillance case definition for adolescents and adults. The CDC will receive comments on the draft until December 16, 1991. In addition to the use of absolute CD4 lymphocyte counts of less than 200/mm3, a CD4 percent of total lymphocytes less than 14 will also constitute a diagnosis if absolute CD4 counts are not available. This new category and revised definition are scheduled to take effect April 1, 1992, to coincide with the start of the fiscal cycle for Ryan White Care Funding. The formula awards to the disaster cities are based on prevalence and incidence of reported AIDS cases in the locality.

  The AIDS Office has completed negotiations with the CDC for the AIDS Surveillance Cooperative Agreement for FY 1992. Support of eight additional surveillance positions has been requested in order to adequately address the increased demands of the new case definition. CDC agreed to support two of these eight positions beginning in January 1992 and has "deferred" funding for the remaining six. The AIDS Office has begun to implement the necessary systems for this increased activity to maximize case finding efforts despite inadequate staffing to do so.

- Status Report on Coming Home Support Services Probate Conservatorship: This report relates to the Medical Psychiatric Update on the agenda today which focuses on conservatorship issues for patients who have both medical and psychiatric disorders. Probate conservatorship services are needed to improve the process of decision-making for indigent persons with AIDS who have complex medical and psychiatric needs (particularly AIDS-related dementia), but who are unable to make decisions for themselves.

  To address this need, the AIDS Office is developing a contract for a pilot project for probate conservatorship services with a community-based agency, Coming Home Support Service. The sole source justification for these services will be before the Health Commission on January 7, 1992. The actual contract will be before the Health Commission on February 18, 1992. This contract will be for 15 months, from April 1, 1992 to June 30, 1993 for $87,000, of which $70,000 will be G.F

The contract will also contain a research component to evaluate: 1) the cost of this arrangement to provide probate conservatorship services; 2) the impact of probate conservatorship on the conservatee's health care; and 3) the impact of this pilot project on San Francisco's conservatorship system.

SAN FRANCISCO GENERAL HOSPITAL

- Update on the San Francisco Parking Garage: The Parking and Traffic Commission passed a resolution approving a financing plan for the new SFGH Parking Garage. The plan, as proposed by the SF Parking Authority, supports the building of an 800 car garage to be located in the vicinity of Utah & 23rd Streets. The adoption of this resolution is an important milestone in the hospital's quest to secure a much needed parking garage for patients, visitors and hospital staff. The support and effort of the neighborhood residents and business community, hospital employees, and Rina Cutler, Executive Director of the Parking and Traffic Department and her staff have been vital to the achievement of this goal.

- Update on Skilled Nursing Facility: Last week, the Finance Committee of the Board of Supervisors adopted the final environmental impact report on the skilled nursing facility at SFGH and approved the ordinance appropriating $23 million in bond proceeds for the construction phase of the project.

- World AIDS Day: SFGH staff will participate in various activities related to the third annual observance of World AIDS Day. Quilt panels from the Names Project will be on display in the hospital lobby throughout the week. Contributions to the food drive for the AIDS Indigent Direct Services and the SF Food Bank will be collected in bins in the lobby and cafeteria.

  Hospital staff are scheduled for several events, including a drop in support group facilitated by KAIROS House. A community Resource Fair is scheduled on December 4 with over 20 community agencies.

LAGUNA HONDA HOSPITAL

- Chanukah Party: This year's Activity Therapy-sponsored Laguna Honda Chanukah Party will be held on Tuesday, December 3rd at 1 p.m. in the Volunteer Lounge. Students from the Hebrew Academy will entertain residents, Adult Day Health Center participants, families and friends with singing and story-telling. The hospital's kitchen will prepare latkes (potato pancakes) for all to enjoy.

- Christmas Show: The Annual Laguna Honda Hospital Volunteers, Inc. Christmas Show will take place on Friday, December 6th at 2 p.m. in the Gerald Simon Auditorium for 400+ residents. This year's featured headliner is Eddie Fisher, with mc's Terry Lowry and Fred LaCosse. Also performing are Michael Pritchard, Maestro Dick Bright, and Those Darn Accordians, led off by the grand entrance of the Bohemian Club chorus. This will be the second year that the program will be broadcast live on Viacom, Channel 6. Once again, locally-stationed members of the armed services will serve as escorts for the residents.

- Bing Crosby Croon-Alike Contest: The LHH Volunteers' Bing Crosby Croon-Alike Contest will have the final judging on Monday, December 16th at 7 p.m. at Pier 39.

COMMUNITY PUBLIC HEALTH SERVICES

- Update on Hepatitis A: An additional 29 cases of hepatitis A have been reported in the two week period since the last Director's Report. The excess appears to be primarily in gay men. The Department has prepared an alert to go to the medical community in order to encourage timely reporting and patient education. Timely reporting will allow the department to provide intervention to prevent further cases. The Department is also working with the community to provide risk reduction education.

- Flu Vaccine: DPH received and has distributed all 36,000 doses of the flu vaccine available from the State this year. All distributed vaccine has been administered except for a small number of doses at SFGH. Private physicians may still have vaccine available. In 1990 31,000 doses of the flu vaccine were distributed, up from 27,000 in 1989. The heightened awareness this year can be attributed to earlier than usual media stories as well as the Health Department's campaign.

  Influenza is only one of a large number of viruses which produce similar symptoms. For this reason immunization with flu vaccine will not protect against all flu-like illness.

  There is no good way to measure influenza activity since most patients do not see a doctor and most physicians do not test to find out if the flu-like illness is influenza. Public Health's surveillance system measures absenteeism and pediatric visits for flu-like illness. This insensitive system has shown no activity yet.

- STD Control: There are two contracts on the consent calendar today for STD Control, Glide Foundation and Bayview Hunter's Point Foundation. These contracts were designed to outreach to STD high risk communities at a time of very high STD rates. The number of reported cases of each STD, except PPNG, continued to decline in the third quarter of 1991, continuing the trend seen in the previous quarter.

  PPNG (penicillinase producing neisseria gonorrhea) increased from 105 cases in the previous quarter to 113 cases this quarter, an increase of 7.6 percent. However, this is well below the peak of 141 cases reported in the third quarter of 1990. After several years of steady increases, the PPNG rate has shown great fluctuations over the past eight quarters, from the 141 cases reported in the third quarter to 64 cases in the first quarter of this year.

- Opening of New Perinatal Clinic: The Perinatal Clinic at Health Center #5 is scheduled for opening on January 6, 1992. For the past year, Health Center #5 staff, in collaboration with the Family Health staff, have been planning the development of this perinatal clinic to accommodate neighborhood residents. The perinatal clinic will be staffed by existing staff and will be open from 1-5 p.m. every Tuesday.

  Increasing numbers of Asian families, many of child bearing age, who have moved into the Sunset neighborhood were going to the Perinatal Clinic at Health Center #4 in Chinatown which could not accommodate the increasing service demand.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE, FORENSIC

- Needle Exchange: The draft report on the design and legalization of a comprehensive program to prevent HIV infection among injection drug users, including an expanded needle exchange program is nearly finalized. It is scheduled to be distributed for community review by the end of this week. The proposed program will be scheduled for Health Commission review and discussion in January. I provided testimony based on this report earlier today to the City Services Committee of the Board of Supervisors.

BUDGET AND PLANNING OFFICE

- Strategic Planning: Over the last few months, the Health Department has initiated preliminary discussions on the feasibility of implementing a strategic planning process to address long range plans and priorities for the health of the city. The budget and planning office has been directed to outline a framework for strategic planning and to solicit ideas from departmental staff and the Ad Hoc Budget Advisory Committee. The Department is engaging in very preliminary discussions at this time.

HOLIDAY PARTY

- The Commission is invited to join in holiday festivities sponsored by the Health Department and Friends of the Health Department at Union Espanola de California at 2850 Alemany Boulevard, San Francisco, on Friday, December 6.

NOVEMBER STATISTICS

- Laguna Honda Hospital

Average Daily Census:	1,087
Acute Med/Surg:	5
Acute Rehab:	4
Clarendon Hall:	167
AIDS SNF:	10

All other statistics will be reported on December 17.

5) UPDATE FROM THE MEDICAL PSYCHIATRIC TASK FORCE

Dr. Mary Anne Johnson, Chairperson of the Medical Psychiatric Steering Committee, provided the following progress report, pointing out that there are recommendations for an interim plan to help with decision-making until some changes are made at the City and State level to address the conservator issue, and that recommendations for expanding medical psychiatric services cannot be implemented due to a lack of funding.

The progress on the Task Force recommendations:

a) Cohorting of complex medical-psychiatric patients on one ward at San Francisco General Hospital has been implemented.

b) The AIDS Medical Psychiatric Skilled Nursing Unit at St. Mary's Hospital has opened; several complex legal issues regarding consent have been addressed by the Committee.

c) San Francisco General Hospital, the Division of Mental Health, Substance Abuse and Forensics, and Laguna Honda Hospital have implemented a Memorandum of Understanding regarding the transfer of patients with complex medical psychiatric problems.

d) Funds have not been available to implement the recommended additional medical-psychiatric skilled nursing level beds in private hospitals of L facilities or at Laguna Honda Hospital.

The major issue for the Task Force has been decision-making for complex medical psychiatric patients who are unable to make decisions and have no surrogate decision makers. Mr. Ricardo Hernandez, Public Guardian Director, reported there are presently about 3000 persons in this category. The three major possibilities for helping with patient decision-making are:

1) Pursuing Probate Conservatorship through one of three avenues.

2) Proposing or supporting legislative changes which would simplify the Probate Conservatorship process and make this more available or which would provide a legal alternative to conservatorship.

3) Expanding the types of patients accepted for LPS conservatorships.

The Task Force recommends the following:

1) Of all the possibilities explored by the Committee, the one that seemed to be the most feasible in the short term, to solve some immediate needs, was the use of a community agency to provide probate conservatorships. The Committee felt that, if funds could be identified for a pilot project, a community agency could provide this service. The AIDS Office is pursuing this with Coming Home Support Services. A major research component of this pilot project would be to evaluate the cost of such an arrangement as well as to measure the impact of conservatorship on the conservatee's health care.

2) In the long term, the Committee felt that the appropriate place for the probate conservatorship function was within the Public Guardian's Office. San Francisco is not the only County where the Public Guardian's Office is inadequately funded to meet the needs of the County population. The Committee felt that a legislative change would be necessary to mandate County Public Guardians to accept all appropriate referrals for probate conservatorship, including those of indigent patients. Non-indigent patients may have funds available to obtain a private conservatorship or can be conserved through a community agency. In order for the Public Guardian's Offices throughout the state to take on this new responsibility, new funds will have to be identified. The Committee also feels strongly that Public Guardians who are taking on responsibility for Probate Conservatorship which would include medical decision making should have consultants available in medicine and ethics. This clinical component should be part of any legislative mandate affecting the Public Guardian.

3) Many individuals who have mild to moderate dementia are able to participate in decisions regarding their health care. Current medical and ethical thinking in this area states that individuals who may not be legally competent to manage their financial affairs may, in fact, have enough understanding of the medical treatment being proposed to give consent. Many providers of care make assumptions about decision making capacity based on age or diagnosis without a careful assessment of the individual's ability to comprehend specific medical information.

Clearly, education of providers, especially those caring for the elderly, regarding assessment of decision-making capacity is of prime importance and the Health Department should take a leading role in this education.

Commissioners' concerns:

a) Commissioner Underwood asked whether the Department should contribute funds as part of the Department budget towards this problem. She pointed out that LPS conservatorship should be only for mentally ill designated persons; and she requested an on-going report on who goes on LPS and who has not had a life-long LPS conservatorship.

b) Commissioner Rosenstiel inquired as to the possibility for Medi-Cal reimbursement.

c) Commissioner Chow requested the Department to indicate how the Task Force's recommendation #3 (the education of providers regarding assessment of decision-making capacity) would be implemented.

President Sanchez commended the collaborative approach to this problem by the Department and the Office of the Public Guardian by looking at ways to blend their available resources. The Commission will look forward to the future updates from the Task Force.

6) PUBLIC HEARING ON DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE ACTION PLAN FOR FISCAL YEARS 1991-93

Raymond J. Baxter, Director of Public Health, stated this Action Plan is part of a broader Department-wide strategic planning process. He pointed out two areas of his concern: a) cultural competence and how this needs to be integrated; and b) the increase in Medi-Cal revenues should not have a negative impact on indigent or working poor clients.

Flo Stroud, Acting Deputy Director of DMSF, presented the draft version of the Action Plan covering both actions that have and will be taken during FY 1991-92 and priorities and plans for FY 1992-93. The Action Plan contains the operating principles that services provided are to be community-based, consumer guided, and culturally competent. (For copy of the Action Plan, call 554-2666). This plan has been reviewed by the appropriate Advisory Board, including the Consumer and and Provider Task Force of the Mental Health Advisory Board.

Public Speakers: Roy Crew, Consumer Task Force
Concha Saucedo, Ph.D., Latino Mental Health Task Force
Ozelius Evans, Residential Care Operator

Commissioner Underwood commended the Consumer and Provider Task Forces and the Mental Health Advisory Board for their influential impact throughout this process.

Commissioner Chow pointed out that with the new figures from the 1990 census, Asians and Latinos are underserved; and it would be a priority to bring these underserved groups who need services into the system.

Action Taken: The Commission received the Mental Health and Substance Abuse Action Plan for FY 1991-93.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Public Comments: Edward Benner, Edward Benner Reports

President Sanchez referred Mr. Benner's agenda request to the Commission and the Director of Public Health and Mr. Benner's request for housing services to Department staff, if this is within the Commission's jurisdiction.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (2)

DEPARTMENT OF PUBLIC HEALTH - ALL
REVENUES - THRU FM 90/03 1ST QUARTER (PER REPORT 08 AS OF 10/18/91)
FY 1991-92 03:20 PM

DESCRIPTION	BOARD APPROVED BUDGET	REVISIONS		TOTAL REVISED BUDGET	REVENUES REALIZED TO DATE		PROJECTED REVENUES THRU 6/30/92		SURPLUS (DEFICIT)
AB 8	40,736,707	(40,736,707)	(1)	0	0	0	0		0
MIA	22,493,808	(22,493,808)	(1)	0	0	0	0		0
SHORT DOYLE	11,104,053	(7,249,943)	(1)	3,854,110	0	0	3,854,110		0
S/D MEDICAL	29,540,291	(13,303,069)	(1)	16,237,222	1,368,840	1,368,840	16,237,222		0
MEDI CAL	118,581,673	116,212		118,697,885	31,000,847	31,000,847	121,613,432	(2)	2,915,547
MEDI CARE	33,199,704	74,858		33,274,562	7,942,019	7,942,019	37,412,559	(3)	4,137,997
PATIENT REVENUES	34,849,777	118,252		34,968,029	8,673,437	8,673,437	34,029,781	(4)	(938,248)
SLIAG	1,774,554	(1,774,554)	(1)	0	0	0	0		0
STATE ALCOHOL	9,499,872	0		9,499,872	0	0	9,499,872		0
PROP 99/AB75	17,023,899	(4,609,138)	(1)	12,414,761	(362,613)	(362,613)	12,414,761		0
MISC REVENUES	10,309,340	(509,750)	(1)	9,799,590	1,545,569	1,545,569	8,883,331	(5)	(916,259)
ST RLGNMNT/HLTH	0	67,259,878	(1)	67,259,878	11,088,344	11,088,344	67,259,878		0
ST RLGNMNT/MNTL HLT	0	46,662,743	(1)	46,662,743	494,850	494,850	46,662,743		0
ST RLGNMNT/SOC SVC	0	509,750	(1)	509,750	0	0	509,750		0
SUBTOTAL	329,113,678	24,064,724		353,178,402	61,751,293	61,751,293	358,377,439		5,199,037
GENERAL FUND	159,521,698	7,735,644		167,257,342	N/A	N/A	167,257,342		
TOTAL	488,635,376	31,800,368		520,435,744	61,751,293	61,751,293	525,634,781		5,199,037

FOOTNOTES:

1) A supplemental appropriation request is in process that will show the elimination of AB 8, MISP, SLIAG and Short Doyle revenues & reduction of AB 75 funding. AB 8, MISP, SLIAG & Short Doyle revenues will be replaced by the Realignment/Health, Social Services & Mental Health allocations.
2) LHH surplus of $4.9 M is due to increase in Medi-Cal long term rate. SFGH's deficit of $2 M due to lower than expected outpatient and emergency collections.
3) SFGH's surplus of $4.0 M due to increase in disproportionate share and indirect medical education payments and increased discharges.
4) Deficit reflects commercial insurance shortfall of $800 K at SFGH due to lower than expected commercial patients.
5) Projected deficit of $648 K in the Hazardous Materials Program is caused by staff vacancies & diversion of staff to non-revenue producing tasks. Projected deficit of $297 K in Consumer Protection revenues is partially due to the new plan check and complaint fees not starting at the beginning of fiscal year due to delays in obtaining Board approval and program set up.

ATTACHMENT A

DEPARTMENT OF PUBLIC HEALTH - ALL
EXPENDITURES 1ST QUARTER (GENERAL FUND & PROP 99/CHIP)
FY 9_ PER REPORT 40 AS OF 10/18/91

03:15 PM

DESCRIPTION	BOARD APPROVED BUDGET	REVISIONS	TOTAL REVISED BUDGET (1)	EXPENDITURES THIS QTR	EXPENDITURES TO DATE	ESTIMATED EXPENDITURES THRU 6/30/92	SURPLUS (DEFICIT)
PERSONNEL:							
SALARIES	245,494,995	790,220	246,285,215	59,993,211	59,993,211	246,336,389	(51,174)
MFB	58,474,563	173,086	58,647,649	14,707,562	14,707,562	59,175,003	(527,354)
SUBTOTAL	303,969,558	963,306	304,932,864	74,700,773	74,700,773	305,511,392 (2)	(578,528)
CONTRACTUAL SERVICES:	129,932,627	26,836,582	156,769,209	58,100,516	58,100,516	156,769,209	0
MISCELLANEOUS:							
MATERIALS & SUPPLIES	36,052,401	(126,218)	35,926,183	15,550,438	15,550,438	35,926,183	0
EQUIPMENT	2,850,826	2,537,315	5,388,141	1,097,392	1,097,392	5,388,141	0
M/O MISCELLANEOUS	15,829,964	1,589,383	17,419,347	8,907,940	8,907,940	17,419,347	0
SUBTOTAL	54,733,191	4,000,480	58,733,671	25,555,770	25,555,770	58,733,671	0
TOTAL EXPENDITURES	488,635,376	31,800,368	520,435,744	158,357,059	158,357,059	521,014,272	(578,528)

FOOTNOTES:

1) ...udes supplemental appropriations to restore budget cuts of $1,036,325, appropriation carryforwards CO-2,983,153, ...SF-1,006,788, LHH-$724,117 and SFGH-$1,644,962; SFGH revenue enhancements-$297,293, interest on State loans-$614,977, prior year unspent encumbrances carried forward this year and miscellaneous transfers. This report also reflects the realignment supplemental appropriation request in process.

2) Based on annualization of 1st quarter expenditure reports.

ATTACHMENT B

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Ctreet
San Francisco, CA 94102

First Class

Government Documents Department
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San Francisco, CA 94102

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

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17/91

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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AGENDA
HEALTH COMMISSION
Tuesday, December 17, 1991
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 3, 1991**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Paul Rosenstiel)

(3.1) Consideration of a resolution accepting a gift to Laguna Honda Hospital of $81,653.30 in cash from the estate of Hester B. Collins.

(3.2) a) Consideration of an amendment to the Dental Clinic lease which releases 7,640 sq. ft. of space which is currently not being efficiently utilized; and

b) Consideration of a new lease with the University of California, San Francisco, for this released space which increases the nominal rent currently assessed for this area up to fair market value rental rates.

(3.3) Consideration of a supplemental request for $380,000 to be paid by the University of California, San Francisco, and will be applied to the capital improvement project for the Nuclear Medicine Department.

(3.4) CO - AIDS - Renewal contract with Genesis Church and Ecumenical Center in the amount of $104,000, to provide AIDS prevention and education services to residents of the Tenderloin District of San Francisco for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with Genesis Church and Ecumenical Center for services totaling $104,000 in FY 90-91).

(3.5) CO - AIDS - Renewal contract with the National Association of Black and White Men Together in the amount of $115,000, to provide early intervention education and advocacy services to HIV-antibody-positive gay and bisexual men with a focus on African American, Asian Pacific Islander, and Native American men for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with National Association of Black and White Men Together for services totaling $165,600 in FY 1990-91).

(3.6) CO - AIDS - Renewal contract with UCSF/AIDS Health Project in the amount of $158,286, to provide mental health support services to persons with HIV in San Francisco for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with UCSF for services totaling $5,326,966 of which $790,905 was with the AIDS Health Project in FY 1990-91), exclusive of the Affiliation contract.

(3.7) CO - AIDS - Renewal contract with UCSF/AIDS Health Project in the amount of $311,821, to provide HIV antibody testing and counseling services to persons at risk for AIDS in San Francisco for the period of July 1, 1991 through June 30, 1992.

(3.8) CO - AIDS - Renewal contract with the San Francisco AIDS Foundation in the amount of $337,984, to provide AIDS/HIV education services to the gay/bisexual population of San Francisco for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with San Francisco AIDS Foundation for services totaling $1,099,847 in FY 1990-91).

(3.9) CO - AIDS - Renewal contract with the San Francisco AIDS Foundation in the amount of $568,234, to provide emergency housing, social service advocacy, financial benefits counseling and an HIV newsletter for persons with AIDS for the period of July 1, 1991 through June 30, 1992.

(3.10) CO - AIDS - Renewal contract with the Women's Institute For Mental Health in the amount of $138,293, to provide HIV prevention and risk reduction services to at-risk sexually active women in San Francisco for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with Women's Institute For Mental Health for services totaling $821,904 in FY 1990-91).

(3.11) DMSF - CSAS - Renewal contract with Haight Ashbury Free Clinics, Inc. in the amount of $2,256,161, to provide comprehensive substance abuse treatment services for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with Haight Ashbury Free Clinics, Inc. for services totaling $3,750,689 in FY 1990-91).

(3.12) DMSF - CMHS - Residential - Renewal contract with Pacific Mental Health Services in the amount of $3,127,952/per year, to provide 24-hour residential, day treatment and outpatient services for the period of July 1, 1991 through June 30, 1994. (DPH Contracted with PPMC for services totaling $7,809,121 of which $3,127,866 was with Pacific Mental Health Services in FY 90-91 and the grand total of PPMC and Children's Hospital Services which is now merged into CPMC for FY 1990-91 was $10,652,716).

(3.13) DMSF - CMHS - Residential - First modification to the contract with Conard House, Inc. in the amount of $415,463, to increase case management and support service to mentally ill homeless adults for the period of January 1, 1991 through June 30, 1992. (DPH Contracted with Conard House, Inc. for services totaling $1,351,560 in FY 1990-91).

(3.14) DMSF - CMHS - Child, Adolescent and Family Services - First modification to the contract with Oakes Children's Center Inc. in the amount of $25,750, to increase psychiatric day care services for the period of January 1, 1992 through June 30, 1992. (DPH Contracted with Oakes Children's Center Inc. services totaling $128,308 in FY 1990-91).

(3.15) DMSF - CMHS - Request to accept and expend a grant in the amount of $600,000 from the Robert Wood Johnson Foundation, for the period of March 1, 1992 through February 28, 1995, to provide outreach health services for high risk immigrant/refugee children and their families.

(3.16) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $1,206,415 from the California Department of Health Services, for the period of July 1, 1991 through June 30, 1994 to provide comprehensive family planning services.

(3.17) CPHS - Family Health - Sole Source request with Caheed Day Care Center, in the amount of $116,000, to provide educational and support services to pregnant and postpartum African-American women and their infants, for the period of Certification through June 30, 1993.

(3.18) CPHS - Consideration of a multiyear contract renewal for the California Children's Home, Inc. in the amount of $120,750, to provide residential care services to crack-cocaine addicted pregnant women for the period of July 1, 1991 through June 30, 1992. (DPH contracted with California Children's Home for services totaling $235,000 in FY 1990-91). This item was continued from the December 3, 1991 meeting.

(3.19) a) Consideration of an interim University of California lease (Gladstone) for AIDS Research Center at San Francisco General Hospital.

b) Consideration of an new University of California lease (Gladstone) for AIDS Research Center at San Francisco General Hospital.

(3.20) Request approval for supplemental appropriation in the amount of $4,468,423 allocated by the State Department of Alcohol and Drug Programs to Community Substance Abuse Services. (No additional general fund contribution is requested).

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Flo Stroud, M.N., M.P.H, for Raymond J. Baxter, Ph.D.)

5) PRESENTATION OF THE COUNTY DRUG AND ALCOHOL ANNUAL REPORT FY 1991-92

6) UPDATE ON THE CSAS FIVE-YEAR STATEWIDE MASTER PLAN ON SUBSTANCE ABUSE

7) OTHER BUSINESS/PUBLIC COMMENTS

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
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Commissioner

Paul A. Rosenstiel
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, December 17, 1991
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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DEC 31 1991

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Richard Sanchez, M.D., M.P.H.

Absent: Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 3, 1991

Action Taken: The Commission adopted the minutes of the regular meeting of December 3, 1991 with the addition of the following under Item #7, Public Comments:

Edward Benner of Edward Benner Reports brought to the Commission an agenda request that related to issues of "patient dumping," "whistle-blower punishment," and fraudulent reporting by West Bay Hospital Conference members (specifically, St. Francis Hospital).

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Edward A. Chow, M.D.)

Commissioner Ludington requested that a specific explanation on the lateness of the contract be included on any retroactive contract being considered by the Budget Committee.

(3.1) Consideration of a resolution accepting a gift to Laguna Honda Hospital of $81,653.30 in cash from the estate of Hester B. Collins.

(3.2) a) Consideration of an amendment to the Dental Clinic lease which releases 7,640 sq. ft. of space which is currently not being efficiently utilized; and

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Commissioner Ludington pointed out the contractor's response lays out some of the problem areas in the contracting process.

Commissioner Chow requested an update on the progress of the internal Department of Public Health contracts group.

(3.6) CO - AIDS - Renewal contract with UCSF/AIDS Health Project in the amount of $158,286, to provide mental health support services to persons with HIV in San Francisco for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with UCSF for services totaling $5,326,966 of which $790,905 was with the AIDS Health Project in FY 1990-91), exclusive of the Affiliation contract.

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(3.8) CO - AIDS - Renewal contract with the San Francisco AIDS Foundation in the amount of $337,984, to provide AIDS/HIV education services to the gay/bisexual population of San Francisco for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with San Francisco AIDS Foundation for services totaling $1,099,847 in FY 1990-91).

(3.9) CO - AIDS - Renewal contract with the San Francisco AIDS Foundation in the amount of $568,234, to provide emergency housing, social service advocacy, financial benefits counseling and an HIV newsletter for persons with AIDS for the period of July 1, 1991 through June 30, 1992.

(3.10) CO - AIDS - Renewal contract with the Women's Institute For Mental Health in the amount of $138,293, to provide HIV prevention and risk reduction services

to at-risk sexually active women in San Francisco for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with Women's Institute For Mental Health for services totaling $821,904 in FY 1990-91).

(3.11) DMSF - CSAS - Renewal contract with Haight Ashbury Free Clinics, Inc. in the amount of $2,256,161, to provide comprehensive substance abuse treatment services for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with Haight Ashbury Free Clinics, Inc. for services totaling $3,750,689 in FY 1990-91).

(3.12) DMSF - CMHS - Residential - Renewal contract with Pacific Mental Health Services in the amount of $3,127,952/per year, to provide 24-hour residential, day treatment and outpatient services for the period of July 1, 1991 through June 30, 1994. (DPH Contracted with PPMC for services totaling $7,809,121 of which $3,127,866 was with Pacific Mental Health Services in FY 90-91 and the grand total of PPMC and Children's Hospital Services which is now merged into CPMC for FY 1990-91 was $10,652,716).

(3.13) DMSF - CMHS - Residential - First modification to the contract with Conard House, Inc. in the amount of $415,463, to increase case management and support service to mentally ill homeless adults for the period of January 1, 1991 through June 30, 1992. (DPH Contracted with Conard House, Inc. for services totaling $1,351,560 in FY 1990-91).

(3.14) DMSF - CMHS - Child, Adolescent and Family Services - First modification to the contract with Oakes Children's Center Inc. in the amount of $25,750, to increase psychiatric day care services for the period of January 1, 1992 through June 30, 1992. (DPH Contracted with Oakes Children's Center Inc. services totaling $128,308 in FY 1990-91).

(3.15) DMSF - CMHS - Request to accept and expend a grant in the amount of $600,000 from the Robert Wood Johnson Foundation, for the period of March 1, 1992 through February 28, 1995, to provide outreach health services for high risk immigrant/refugee children and their families.

(3.16) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $1,206,415 from the California Department of Health Services, for the period of July 1, 1991 through June 30, 1994 to provide comprehensive family planning services.

(3.17) CPHS - Family Health - Sole Source request with Caheed Day Care Center, in the amount of $116,000, to provide educational and support services to pregnant and postpartum African-American women and their infants, for the period of Certification through June 30, 1993.

Commissioner Ludington suggested that the expedited process used in this sole source selection was effective.

Commissioner Gray inquired as to whether the Department followed the Health Commission policy on sole source contracting.

(3.18) CPHS - Consideration of a multiyear contract renewal for the California Children's Home, Inc. in the amount of $120,750, to provide residential care services to crack-cocaine addicted pregnant women for the period of July 1, 1991 through June 30, 1992. (DPH contracted with California Children's Home for services totaling $235,000 in FY 1990-91). This item was continued from the December 3, 1991 meeting.

Dr. Gerry Oliva, Acting Deputy Director of CPHS, reported that the audit results have not yet been submitted from the contractor and recommended that a 7-month (July 1, 1991 through January 31, 1992) contract be approved. The Department will come back to the Budget Committee after receiving the audit.

Commissioner Gray requested clarification of the policy on audits, especially for new contractors.

(3.19) a) Consideration of an interim University of California lease (Gladstone) for AIDS Research Center at San Francisco General Hospital.

b) Consideration of an new University of California lease (Gladstone) for AIDS Research Center at San Francisco General Hospital.

Richard Cordova, Executive Administrator of San Francisco General Hospital, commended his staff, Jerry Rankin and Kathleen Murphy, on their work towards completing these leases.

(3.20) Request approval for supplemental appropriation in the amount of $4,468,423 allocated by the State Department of Alcohol and Drug Programs to Community Substance Abuse Services. (No additional general fund contribution is requested).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with #3.18 being approved for a 7-month contract and the remainder of this contract to come back for consideration after receiving the contractor's audit.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH

(Raymond J. Baxter, Ph.D.)

UPDATE ON SB 855

- HCFA Regulations: On October 31st the Health Care Financing Administration issued interim final regulations that could have kept the SB 855 program from being accepted by the federal government. On November 27, Congress passed legislation that nullified HCFA's October 31st interim final regulations. This legislation represented a compromise between the Administration and the National Governors' Association. The legislation validated inter-governmental transfers such as SB 855, but placed an overall cap on payments to disproportionate share providers as a way of stemming the growth of Medicaid costs. The likely effect of this limit will be to essentially cap any further rate increase to San Francisco General Hospital in the foreseeable future.

  Last week the federal government responded to the State's proposed Medicaid Plan amendment with a number of questions. The State Department of Public Health, with assistance from the California Association of Public Hospitals, is preparing a response. Once it receives the response, the federal government should respond by approving the program.

  I will be attending a workshop on SB 855 that will spell out more details on the program in mid-January.

STATE BUDGET FY 1991-92

- State Fiscal Crisis: Last week the Commission on State Finance projected the state would be $4.9 billion short by July 1993 and as much as $7.4 billion short if an economic recovery does not begin before 1993. In addition, revenue from sales tax and vehicle license fees, which was intended to fund county health programs as a result of "realignment," is approximately 12 percent lower than expected.

  The continuing state fiscal crisis will dominate legislative activity in 1992. It is predicted that extensive cuts in state programs will be needed to close the gap. Most of the cuts will have to come from health, social services, corrections, higher education, or in support to counties. The Department will be monitoring the situation closely.

FY 1992-93 BASELINE BUDGET PROCESS

- DPH Budget: The Health Department has begun the development of the 1992-93 Baseline Budget. All divisions are initiating discussions with their standing Advisory Boards, contractors and others on baseline budget needs for 1992. The Department, in conjunction with the Ad Hoc Budget Advisory Committee and the Mayor's Office, is developing preliminary estimates for 1992-93 baseline budget expenditures.

  The Department will present an update on the baseline budget for FY 1992-93 at the Health Commission meeting of January 21, 1992. A formal budget hearing with public testimony is scheduled for the Commission on February 4, with the Commission making a final decision on February 11, 1992. I will continue to inform the Commissioners of any new budget instructions developed by the Mayor's Office.

AIDS OFFICE

- CDC's List of High Risk Procedures: The Centers for Disease Control has abandoned its effort to develop a list of high risk procedures for which HIV-infected health care providers would have been considered for restriction. This represents an important policy breakthrough in terms of strategy for preventing the transmission of HIV infection from health care worker to patients. Instead, the CDC is emphasizing compliance with universal precautions and infection control procedures as the most important tool in the prevention of blood borne pathogens in health care institutions. This is consistent with the Health Commission's resolution on this issue.

  In March at the CDC hearing to receive public and scientific input on the issue of HIV infected health care workers, the San Francisco Department of Public Health testified in favor of ongoing training and compliance with universal precautions and other state of the art infection control procedures as adopted by the Health Commission.

  The Department is currently assessing infection control procedures, training, equipment, and compliance mechanisms needed to assure patient safety in all public health facilities.

- Ryan White CARE Council Update: The San Francisco Eligible Metropolitan Area's (EMA) funding allocation from the Ryan White Comprehensive AIDS Resources Emergency Act (CARE) Legislation formula has been augmented for FY 1992 by approximately $1.9 million dollars. Subsequent to a public hearing, the Planning Council identified the following service

gaps/priorities for funding with these augmentation funds in San Francisco: housing, substance abuse treatment, other primary care, primary medical care, and psychosocial support.

Applications from community based organizations were solicited for these services in late November. A total of 51 applications were submitted and are under review. The plan for both renewal of existing funding and augmentation will be brought to the Commission for endorsement in January.

The Council is currently monitoring all DPH and community based programs currently being funded by Ryan White CARE funds. All programs will continue to receive funding in FY 1992 pending completion of the monitorings and assuming favorable reviews.

The AIDS Office 1992 proposal for both formula and supplemental CARE funding is due to HRSA in mid-January. Given the anticipated change in the CDC AIDS Case Definition, now scheduled to take effect on April 1, 1992, there will be an estimated 20 additional cities eligible for Title I disaster relief in FY 1993. Without a significant increase in the federal budget allocation in FY 1993, San Francisco will face a significant cut back in federal allocations for health care services currently funded by the Ryan White CARE Act.

LAGUNA HONDA HOSPITAL

- Holiday Luncheon: 136 residents of Laguna Honda Hospital were guests at a holiday luncheon at the World Trade Center on December 7. The arrangements were coordinated by Virginia Leishman, LHH Director of Nursing.

- Telecast of Holiday Show: The Annual LHH Hospital Volunteer's Inc. Holiday Show will be rebroadcast by Viacom 6 on December 24 from 5:30 - 7:00 pm and December 25 from 10:00 - 11:30 am. Most of the 1100 LHH residents were able to watch the show in Simon Auditorium or on TV monitors throughout the facility on December 6.

COMMUNITY PUBLIC HEALTH SERVICES

- Disease Epidemiology and Control: Twenty-one cases of hepatitis A have been reported in the two weeks since the last Commission meeting. This brings the total for the year to 371 as compared to 259 for the same period last year. Fewer cases seem to be reported per week than were reported earlier but it is too soon to predict the end of the outbreak.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE

- Alliance for the Mentally Ill Award: Two members of the Division of Mental Health and Substance Abuse, Dr. Bill McConnell, Director of Planning and Evaluation and Ms. Sherry Barto, Planning and Homeless Programs Manager, were recipients of the Annual Award from the San Francisco Alliance for the Mentally Ill. The awards were presented on December 5th to outstanding members of the community who have demonstrated distinguished commitment and service to the mentally ill and their family members. Other recipients of the award were Dr. Mark Leary and Ms. Marilyn Curry, staff members in the SFGH Department of Psychiatry; Ms. Evelyn Balancio, clinical supervisor with City-Wide Case Management; Mr. Roy Crew, consumer member of the MHAB; and Mr. Rich Samples, a consumer and past chairperson of the MHAB.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Lead Seminar: On December 4, the Department conducted a seminar concerning the management of childhood lead poisoning for managers from the Housing Authority and Department of Social Services. Speakers included staff from the California Department of Health Services Childhood Lead Poisoning Prevention Program, the DPH Bureau of Toxics, Health and Safety Services, Public Health Nursing, and Disease Epidemiology and Control. Seminar topics included the hazards associated with lead, abatement methods, and a summary of the on-going DPH lead screening study. Emphasis was placed on various City Departments such as Health, Housing and Social Services working together to prevent childhood lead poisoning in San Francisco.

EPIDEMIOLOGY & DISEASE CONTROL/TOXICS, HEALTH & SAFETY SERVICES

- Electromagnetic Fields Measurement at Alvarado School: On December 5, DPH staff accompanied representatives from PG&E and the San Francisco Unified School District while measuring for electromagnetic fields at Alvarado School. The principal requested the measurements after receiving reports of cancer from a number of her staff. DPH staff will also attend the meeting when PG&E reports on the results of the study to faculty, staff and parents of Alvarado School. In addition, Dr. Alvaro Garza, Chief of Non-Infectious Epidemiology is in the process of confirming the number and type of cancer cases to determine where further study is merited.

- Indoor Air and Legionella Concerns: Several hundred calls have been received regarding indoor air and Legionella exposure concerns. "Legionnaires Disease" fact sheets were developed by the Poison Control Center, EPA and Bureau of Epidemiology and Disease Control. Indoor air quality concerns have been referred to the Bay Area Air Quality Management District and to consultants. The City Attorney's Office is presently reviewing DPH legal roles and responsibilities.

NOVEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to 10/30/91):

Total San Francisco cases:	11,528
Total San Francisco deaths:	8,119
Total S.F. cases for November:	151
Total S.F. deaths for November:	134

- San Francisco General Hospital

Inpatient

Average Daily Census	(except newborns):	324
Newborn Nursery:		22
Actual Patient Days	(except newborns):	9,721
Newborn Nursery:		655
Admissions	(except newborns):	1,515
Newborn Nursery:		147
Average Length of Stay	(except newborns):	6
Newborn Nursery:		4
Discharge Patient Days	(except newborns):	9,451
Newborn Nursery:		659
Discharges	(except newborns):	1,532
Newborn Nursery:		147

Outpatient Visits

Primary Health	
Family Health:	2,720
General Medicine:	1,781
Pediatric:	3,095
OB/GYN:	2,035
Specialty Clinics:	11,256

Emergency Room Visits

Psychiatric Emergency Services: no diversions

- Mental Health

SFGH/Acute Psychiatric Beds:	79
(30 beds for sub-acute/med complex care)	
Community Acute Psychiatric Beds:	5

- CPHS - Primary Care Visits for Health Centers

Health Center	RN Only	MD	Total Visits
Health Center #1	3,609	901	4,510
Health Center #2	989	302	1,291
Health Center #3	2,225	417	2,642
Health Center #4	2,866	944	3,810
Health Center #5	4,353	339	4,692
Tom Waddell Clinic	1,834	2,077	3,911
Potrero Hill H.C.	575	740	1,315
Southeast H.C.	247	730	977
Special Programs for Youth/YGC:	8,629	1,110	9,739
TOTAL	*25,327	7,560	*32,887

Disease Control

TB Clinic	1,853
City Clinic	2,013

*November statistics include 10,200 flu shot visits

5) PRESENTATION OF THE COUNTY DRUG AND ALCOHOL ANNUAL REPORT FY 1991-92

Dr. Wayne Clark, Director of Community Substance Abuse Services, provided an overview of the plan, which is required by the State as a condition of receiving all State and Federal block grant funds. The plan has been approved by the Citywide Alcoholism and Drug Abuse Advisory Boards and will also go to the Board of Supervisors after consideration by the Health Commission.

See Attachments A and B.

Commissioner Chow requested a document which identifies how well the Department has actually done in achieving the goals of the substance abuse plan. Commissioner Sanchez also requested dollar figures coinciding with the achievement of these goals. Commissioner Chow also encouraged the Department to inform the Commission as to how much more funds are needed in achieving the goals.

Action Taken: The Commission accepted and approved the 1991-92 County Drug and Alcohol Annual Report.

6) UPDATE ON THE CSAS FIVE-YEAR STATEWIDE MASTER PLAN ON SUBSTANCE ABUSE

Dr. Wayne Clark reported on the progress of the master planning process for a Five-Year Statewide Master Plan, which is due to the State in September 1992. See Attachment C. Another update will be presented to the Commission in March or April 1992.

Dr. Clark pointed out that the 70-page preliminary Master Plan included assessment of the community's needs, a description of the planning process with timelines, and responses to the master planning process. He also pointed out the need for more involvement from the private sector in this planning process and welcomed suggestions from the Commission.

President Sanchez commended staff on both of the reports on substance abuse.

7) OTHER BUSINESS/PUBLIC COMMENTS

Public Comments: Edward Benner, Edward Benner Reports. Mr. Benner recommended the Commission to have an agenda item regarding West Bay Hospital Conference. President Sanchez stated that agenda requests are reviewed; and the Commission, in consultation with the Director of Public Health, makes the final determination.

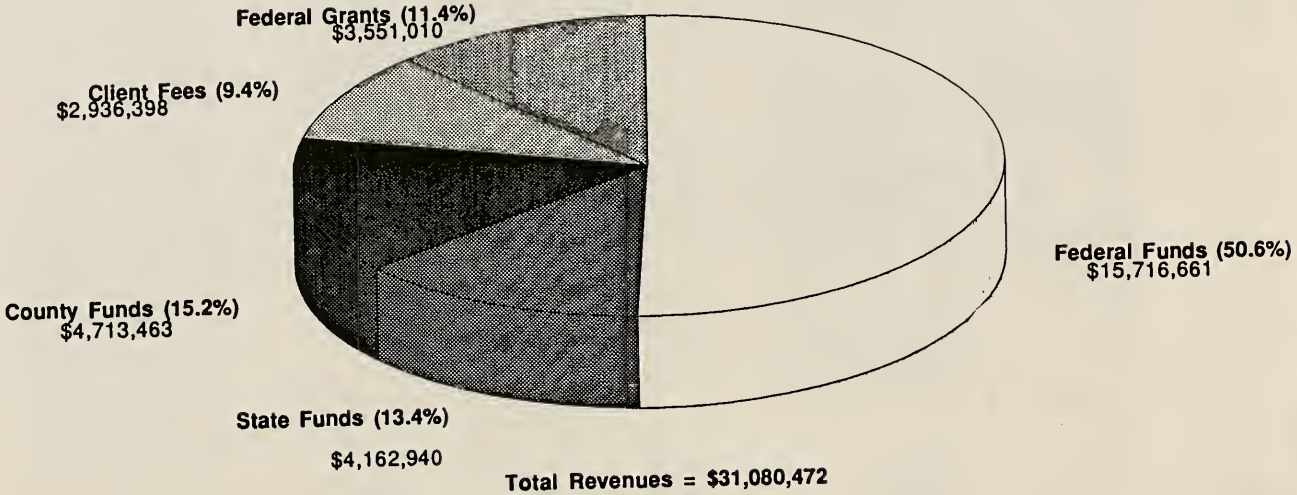
The meeting was adjourned at 3:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (3)

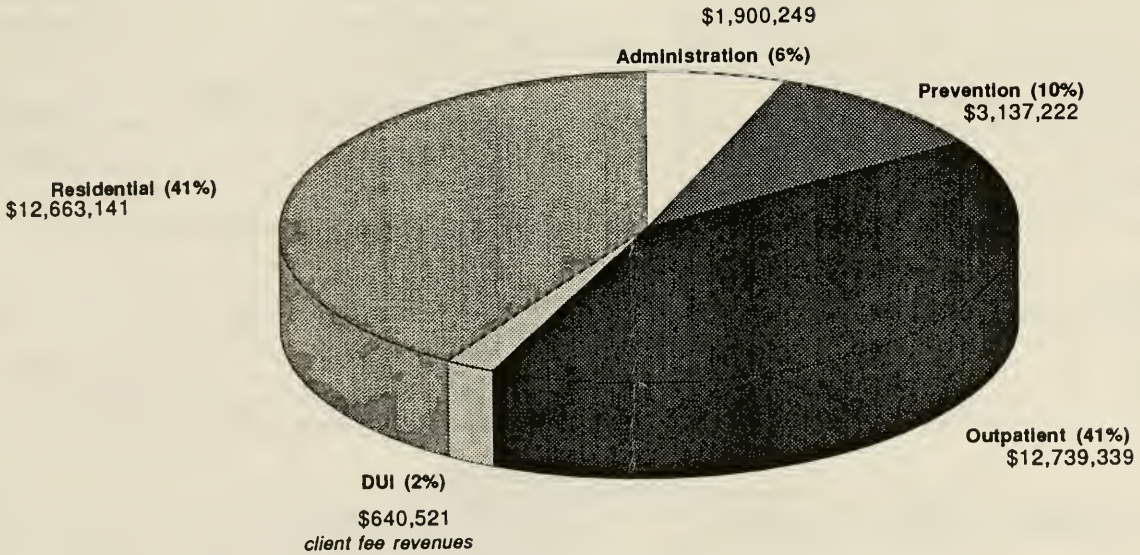
CSAS Summary of Revenues by Source, FY 1991-92



Souce: SFDPH, CSAS, County Plan FY 91/92

ATTACHMENT A

CSAS Summary of Funding by Service Category, FY 1991-1992



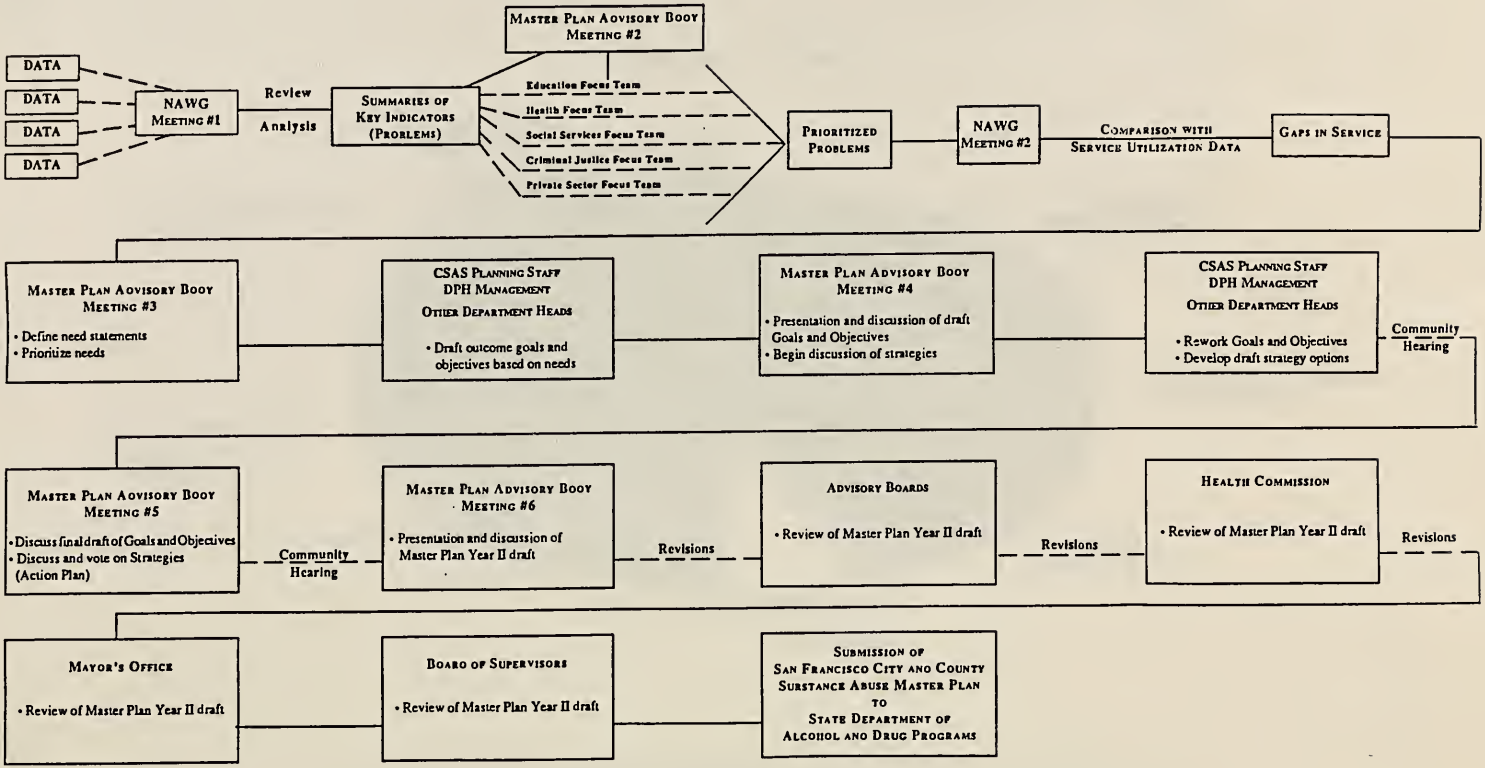
Total Cost = $31,080,472

Source: SFDPH, CSAS, County Plan, FY 91/92

ATTACHMENT B

San Francisco City and County Substance Abuse Master Plan

Work Plan -- Year II


DATA
DATA
DATA
DATA
NAWG Meeting #1
Review
Analysis
Summaries of Key Indicators (Problems)
Master Plan Advisory Body Meeting #2
Education Focus Team
Health Focus Team
Social Services Focus Team
Criminal Justice Focus Team
Private Sector Focus Team
Prioritized Problems
NAWG Meeting #2
Comparison with Service Utilization Data
Gaps in Service
Master Plan Advisory Body Meeting #3
• Define need statements
• Prioritize needs
CSAS Planning Staff
DPH Management
Other Department Heads
• Draft outcome goals and objectives based on needs
Master Plan Advisory Body Meeting #4
• Presentation and discussion of draft Goals and Objectives
• Begin discussion of strategies
CSAS Planning Staff
DPH Management
Other Department Heads
• Rework Goals and Objectives
• Develop draft strategy options
Community Hearing
Master Plan Advisory Body Meeting #5
• Discuss final draft of Goals and Objectives
• Discuss and vote on Strategies (Action Plan)
Community Hearing
Master Plan Advisory Body Meeting #6
• Presentation and discussion of Master Plan Year II draft
Revisions
Advisory Boards
• Review of Master Plan Year II draft
Revisions
Health Commission
• Review of Master Plan Year II draft
Revisions
Mayor's Office
• Review of Master Plan Year II draft
Board of Supervisors
• Review of Master Plan Year II draft
Submission of San Francisco City and County Substance Abuse Master Plan to State Department of Alcohol and Drug Programs

ATTACHMENT C